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A CLINICAL LECTURE.

*PREGNANCY AND HEART-DISEASE.**

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DELIVERED AT THE HOSPITAL PITIE, PARIS.

GENTLEMEN: During the month of November, 1885, I gave you the history of a young pregnant woman who had been affected with endocarditis under the influence of gestation. In her case the pregnancy was the cause of the endocarditis. I reminded you, in this connection, that the question of the relation between pregnancy and heart-disease presents another aspect, namely, the influence of gestation upon the previously-existing lesions of the endocarditis.

To-day I have again occasion to speak to you of the subject, which is one of considerable interest, and in importance much exceeds an ordinary clinical study.

The patient who is the subject of this lecture is a girl nineteen years old, a book-binder, who since March 17th has occupied No. 9 of our Ward Laënnec. The study of this patient, from the special point of view which I have just indicated, is the more instructive and the more profitable from the fact that we had her a long time under observation before her pregnancy, during a term which she spent in our wards from January to June, 1885. By reason of this fortunate circumstance, we have a fair knowledge of the characters and effects of the heart-disease before the pregnancy, and we are in an exceptionally favorable condition to appreciate, to measure, if I may so speak, the influence of the gestation on the cardiopathy. This precise appreciation, which could only be based on a comparison of the two periods, would be impossible if we were now seeing this woman for the first time. Moreover, she affirms that only two weeks now separate her from the termination of her pregnancy, and we may therefore judge of this influence in its totality.

You see, then, that this case is particularly valuable and demonstrative for the solution of the important question which is now before us. Sixteen months ago, then, at the beginning of January, 1885, this woman entered our service with palpitations and an almost continuous dyspnœa, which rendered her daily work of book-binding impossible, though it was so slightly laborious. She had no œdema; there was no albuminuria in the urine; physical examination showed that we had here a fair type of mitral constriction with slight augmentation in the volume of the heart; there was a very strong vibratory thrill at the apex, and a rough and rasping presystolic souffle covering the systole and the short period of silence.

The liver and the spleen were in a normal condition, but both lungs were the seat of a severe congestion which occupied at least the

* *Summary.*—Description of a case of mitral regurgitation; several phases of asystolia; predominance of pulmonary complications; condition of the patient before the pregnancy; condition of the patient at the seventh month of gestation; state of heart as compared with the previous condition.

Conclusion.—The question of marriage in women affected with organic disease of the heart; distinction between two classes of cases; the various elements that go to make up the judgment; the conclusion cannot be absolute.

Result of Continued Observation of the Patient.—Termination of the pregnancy; delivery; no cardiac accidents; temporary albuminuria following the accouchement; subsequent death of the patient; autopsy.

† Translated by Dr. Kate Campbell Hurd, Newburyport, Mass.

whole of the lower half; the expectoration, however, was not bloody.

This disease of the heart was the result of a violent attack of acute articular rheumatism, which, in 1881, had obliged the patient to become for some time an inmate of the Hôtel Dieu. From that time this woman was subject to palpitations and shortness of breath, but there was never any œdema.

In 1883 she was taken with a number of attacks of hæmoptysis, on account of which she remained five weeks at the Hôtel Dieu; after which she was sent to the Asylum of Vesinet, where she was attacked again with spitting of blood. Returning again to the Hôtel Dieu, she stayed there for several weeks.

During the year 1884 she raised blood on several different occasions, but these incidents were less grave than those of the preceding year, and she was not obliged to re-enter the hospital.

Finally, she came to our hospital in January, 1885, with the symptoms which I have related to you, but without any return of hæmoptysis since 1884.

The intense pulmonary congestion which I found on her entrance has not, then, been the cause of hemorrhages, but it is evident that it is to congestions of this same kind that the hæmoptysis from which the patient suffered in 1883 and 1884 should be attributed.

Rest in bed, milk, digitalis, and dry cuppings have constituted the treatment. The amelioration has been slow, but it has been complete. When the patient left our service, after six month's of sojourn, she was rid of all her uncomfortable cardio-pulmonary symptoms, and the restoration of her vital forces was most satisfactory. The stethoscopic signs of the mitral lesion persisted without any change.

At the time the patient left us, I took care to reimpress upon her the precautions which she should take in order to avoid as much as possible the return of her troubles, and I charged her above all not to expose herself to the dangers of pregnancy. I would have given this advice whatever might have been the valvular lesion, but it was especially necessary in the presence of a mitral lesion whose predominant effect is always congestion of the lungs; for it is precisely by this mechanism that pregnancy may be injurious to patients affected with mitral alterations.

Leaving the hospital in the early part of July, this woman forgot all about my advice, and became pregnant about the middle of August.

During the first months of her pregnancy she experienced no more discomfort than usual, but from the month of January, the fifth of her gestation, she began to suffer again from palpitations and shortness of breath; she lost her strength, she grew thin, and returned to us the 17th of last March, in the seventh month of gestation, in a very alarming state.

At the same time the symptoms were the same as at the time of the first sojourn of the patient in our hospital, sixteen months previous: constant oppression; pulse small and poor, at 130; stethoscope signs exactly the same, bilateral pulmonary congestion. These were the phenomena noted. What rendered the situation more noticeable and more grave was the emaciation, which had attained to the stage of marasmus, and the profound debility. Moreover, there was no fever, no hæmoptysis, no albuminuria, no augmentation in the volume of the liver or spleen. The symptomatic tableau was then on all points the same as the preceding year.

The sole difference was that the pulmonary congestion was positively less generalized than during the other attack of asystolia. These; in fact, were the result of my examination in the month of March: On the left, diminution of sonorousness in the entire posterior region, but especially at the base; on the right, the sonorousness was diminished only at the apex, both in front and behind. On auscultation there was heard at the apex of the left lung, harsh, blowing breathing, with some subcrepitant râles; throughout the rest of the lung from above downward there were numerous subcrepitant râles of all sizes, which predominated at the base; on the right side the lower and middle lobes were normal, but at the apex, in the supra-spinous fossæ, and under the clavicle the respiration was harsh, and at each examination we could hear a few subcrepitant râles.

This distribution of the stethoscopic phenomena gave us serious difficulties in our diagnosis. I will return to them in a moment, but it is quite certain that the extent of the pulmonary region involved was less considerable than in 1885. The movements and pulsations of the fœtal heart were perfectly normal.

To sum up, the pregnancy, having reached its seventh month at the time of the admission of

this woman, has produced a profound constitutional deterioration, for the reason that the superadded labor has exceeded the forces of a debilitated organism, but it has had no appreciable influence upon the heart-lesion,—we find her as she was last year.

Hence, as I have told you, the interpretation of this condition of the lungs is not without difficulties by reason of the distribution of the stethoscopic signs, and the question does not certainly admit an immediate solution. That the alteration of the left lower lobe may be due to a simple passive congestion we cannot doubt when we take account of both the mitral lesion and the nature of the pulmonary symptoms experienced by the patient since the time of her first sojourning; but there are certain suspicious signs at the apices, notably at the apex of the right lung, whose base is free, and the possibility of tuberculosis presents itself necessarily to the mind, and the more so from the fact that the constitutional state of the patient is particularly favorable for the development of this affection.

The physical signs cannot enlighten us more positively. Future observation alone will enable us to arrive at an exact judgment. Now this is what observation has thus far shown us:—

In proportion as rest and the medicinal treatment have had their beneficial effects, the tops of the lungs have by degrees cleared up; the signs at the left base have remained the same, and since the last ten days the right base has been taken in the same manner. On the other hand, several examinations of the sputa for bacilli have been negative. Then, it is not a question of tuberculosis; the pulmonary alteration, despite the anomaly of its initial distribution, is simply due to a passive congestion kept up by the lesion of the heart.

This conclusion is made still more probable by the notable amelioration in the general condition of the patient during the time which has elapsed since her admission. Thanks to the beneficial influence of absolute rest, we can say that her condition has improved in proportion as the pregnancy advances toward its termination. If the patient's reckoning is correct, two weeks will hardly elapse before her confinement, and everything warrants us in believing that this term will be attained without any untoward incident.

In regard, then, to this particular case, we are quite in condition to estimate the influence of pregnancy on disease of the heart. It is evident that here this influence has been literally nil. In fact, there have been no modifications in the condition of the heart appreciable by the physiological signs; there have been no new incidents different from what this woman had previously experienced apart from the pregnancy, and the valvular lesion has developed nothing new; the actual pulmonary complications have been less grave than those of the preceding epochs, for they have been more limited, and there has been no hæmoptysis. Despite the presence of conditions most favorable for producing these symptoms, the pregnancy has caused neither albuminuria nor dropsy. You notice, in fine, that we must not even impute to the pregnancy the pulmonary stasis, since last year, without pregnancy, a greater congestion was brought about by the sole fact of the lesion of the heart.

On the other hand, the heart-disease has not at all troubled the course of the pregnancy. There has been no miscarriage, and the fœtus is in a perfect condition; its movements have all the energy desirable, and again this morning I have verified the complete integrity of the sounds of the fœtal heart. The pregnancy has exhausted the patient because she is naturally feeble, and because the first six months were spent under the unfavorable conditions of an irregular life; but as for the reciprocal influence of the gestation and the heart-disease, it has been, I repeat, absolutely nothing.

To the study which we have just made is attached one of the greatest questions on which the physician has been called to give his advice. The question is this: From a medical point of view, ought we to authorize or prohibit the marriage of young girls affected with an organic lesion of the heart?

Under the legitimate influence of the remarkable work of my colleague, Pierre, physicians have perhaps taken too gloomy a view of the situation, and too resolutely discouraged or interdicted such marriage, and basing themselves upon the grave pulmonary complications which may accompany pregnancy in the case of women thus affected, especially when there are mitral lesions.

The observations which show this special danger are not all sufficiently complete to give one the right to lay the blame exclusively on the pregnancy, for they do not always give information concerning the previous phases of

the disease of the heart, or concerning the complications and secondary effects which it had determined before the gestation. If we had seen our patient this year for the first time, we should not have failed to impute to the pregnancy this pulmonary congestion, and we should thus have committed a complete error in diagnosis.

This first reservation having been expressed, we should remark that the danger feared is certainly not constant, since all observers have not been equally impressed by it, and since they have not, therefore, all urged the necessity of the same interdiction. Following Pierre's authority, we see that Berthiot and Casanora formulate the same conclusions, and even insist with greater strenuousness on the interdiction of marriage; while Löhlein and Baumel, appealing also to the facts observed by themselves, are far less severe. Löhlein took the precaution, nevertheless, in connection with cases where pregnancy is associated with an organic lesion of the heart, to point out the great uncertainty which the interpretation of the pathological phenomena presents.*

The truth is, gentlemen, we cannot to-day lay down an absolute rule. In the first place I would distinguish two groups of cases:—

In the first group, the valvular lesion, well and duly demonstrated by the physical signs, has never produced any bad secondary effects; in these conditions I do not see any good reason for interdicting marriage if the person interested desires it.

In the second group, the lesion of the heart has already produced serious consequences, bordering more and more on asystolia. Even then there is no absolute rule, and the example of our patient proves to you that things may go on favorably, for the better rather than for the worse. In such a case it is necessary to consider the nature of the secondary effects previously caused by the cardiopathy. If there are pulmonary lesions the case must be more severe than if there are simple œdema or hepatic congestion. It is necessary also to take into consideration how these complications have been borne by the patient, and how well she has rallied under them. We ought to take largely into account what effect the interdiction might produce upon the person interested, and how far she may be desirous or indifferent with regard to marriage. A question so complex and difficult demands a careful appreciation of all the elements that go to make up a sage judgment, the non-medical as well as the medical. Finally, it is necessary to take into account, with equal attention, the conditions under which the woman will have to pass the time of her gestation. If she is obliged to live in the ordinary way, to fatigue herself by hard work, I would not hesitate to forbid the marriage; if, on the contrary, she is in a situation to avoid all fatigue, to keep at rest as much as would be judged necessary, then I might regard marriage as permissible. These are conditions which must be borne in mind in making your decision; a neglect of them would be perilous to the patient.

You see how far I am from giving a uniform reply to the question of marriage in the case of persons affected with organic lesion of the heart. The physician can do much to avert the accidents of which the pregnancy may be the cause under such circumstances. Do not forget what has taken place with respect to our patient. What reduced her to the grave condition which she presented on her admission was the fatigue of hard work and an irregular life. From the moment that she was subjected to repose, a diet of which milk was the principal element, with small doses between meals of digitalis, her condition improved day by day, although the mechanical conditions of the circulation became daily more serious by reason of the progress of the pregnancy. This example ought not to be lost to you.

July, 1886. Our patient was mistaken as to the term of her pregnancy. She was not confined till June 17, five weeks after the preceding lecture was delivered. Observations made during this period have fully confirmed my favorable prognosis. No new incident had occurred. Her general state had continued to improve. The congestion of both lungs had remained stationary. The cardiac lesion had continued unchanged, and even to the last moment we noticed an entire absence of œdema and albuminuria.

The accouchement was normal, but the labor was slow and tedious; accordingly the patient was literally exhausted, and from that day, June 17, I found upon her face an expression

* Pierre. Gravido-Cardiac Accidents. Acad. de Médecine Prix Capuron, 1875.
Berthiot. Pregnancy and Heart-Disease. Thèse de Paris, 1876.

of anxiety which I could not attribute solely to the fatigue.

The next day, the 18th, I found out the reason: there was a puffiness of the face, and the urine contained for the first time a notable quantity of albumen. Here was a fact of great interest: with her mitral regurgitation and her pulmonary congestion, this woman had gone through her pregnancy without having the least trace of albumen in the urine, and in the few hours following her delivery an albuminuria appeared of such proportions that on the second day there was œdema of the face.

How shall we interpret this untimely albuminuria? Must we attribute it to the heart-disease? No; that organ performed its function precisely as it did on the days which preceded the accouchement; and, notwithstanding the production of œdema of the face, there was no œdema of the lower limbs. This albuminuria was due entirely to the modifications produced by the labor in the renal circulation, and this is the explanation.

The pains, which are really strong muscular contractions, produce stasis in the renal veins. We have known since the work of Ludwig that this condition is a sufficient cause of albuminuria. Then the delivery takes place, the uterus is emptied; there is, in consequence, a considerable diminution of pressure in the renal arteries, which entails dilatation and slowing of the circulation in the vessels of the glomeruli. Now, the experience of Thoma, Runeberg, and Litten has shown that here is a sufficient cause of albuminuria. We have here, then, a good pathogenic instance of albuminuria from a mechanical cause.

In consequence of this view of the case, I was not alarmed by this albuminuria, which I regarded as temporary. With the exception of a tonic potion which the debility of the patient rendered necessary, I instituted an exclusive milk regimen, and at the end of a week there was no longer any albuminuria or œdema.

The return to the ordinary regimen was without any influence on the urine, and some weeks later this woman left the hospital with her strength perfectly restored, without a trace of pulmonary congestion, but without any modification on the part of the heart. The condition of the organ and the existing valvular lesion were the same as we found them a year and a half before.

It is clear that matters might have turned out less favorably as far as the albuminuria was concerned, and that grave renal troubles might have supervened; but as to what concerned the heart, you see that the labor had no more influence upon it than the pregnancy.

By the side of this important lesson, remember the fact of the appearance of albuminuria as a result of labor in a woman who had never before suffered therefrom. Such an eventuality is not sufficiently well known.

May 28, 1887. One year later this woman, who had resumed her disorderly life, came to our hospital to die. She succumbed May 12, after having presented a new train of symptoms, namely, those of hepatic cirrhosis,

The autopsy showed a perfect type of mitral constriction; the stenosis of the orifice was considerable, and the valves were transformed into thickened cartilaginous zones. The aortic orifice was also altered, but was still competent. The lungs were not at all tuberculous; they presented only the lesions of chronic pneumonia in the median portion of the left lung. We found several of the bronchi dilated, which explained the cavernulous character of the râles at this point; the liver presented the characters of the cardiac liver; it was rather diminished in size, for it weighed only 1070 grammes. The microscopic examination made by M. Duflocq showed the lesions of cardiac cirrhosis. On the sections which I passed around to you you could notice, even with the naked eye, owing to its transparency, or with a lens, the distribution of the sclerosed bands and the dilatation of the central veins of the lobules. The kidneys and other viscera were healthy.

CURED BY THERMOMETER.—The importance attached to a clinical thermometer by those in ignorance of its office approaches a superstition. They close their lips tightly upon it. Their eyes roll wildly around the room. They believe that the tube contains some mighty gas or a metal of mysterious power. "There ain't much taste to it, docther," said one of these credulous fellows, "but I s'pose it's turrible sthrong." Dr. ——, who is something of a wag, encouraged the man's faith in the occult virtues of the thing, and with remarkable results. After the first "dose," the fever abated. The "treatment" was continued, and the patient actually recovered, cured by thermometer, administered *ter in die*, without further drugging.—*Scribner's Magazine.*

ORIGINAL COMMUNICATIONS.

GUM-CHEWING THERAPEUTICALLY CONSIDERED.

By J. A. De ARMOND, M.D.,
LE CLAIRE, IOWA.

PREJUDICE is always a barrier to progress. It stands in the highway that leads to truth and challenges every passer by. It does more to defeat the ends of honest industry and patient toil than all other opposition. It is born of ignorance and is proud of its parentage. It is the twin brother of superstition and, while it masquerades in the livery of refinement, it is the avowed foe to every achievement that banishes pain and suffering and gives to a troubled world the sunlight of happiness.

Our own profession is not free from the baneful influence of this relic of barbarism and ignorance. Every step toward successful and scientific medication has been made over the bodies of doubting Thomases, while every step aside on the avenues leading to demagoguery has been made on soft cushions made by the prostitution of integrity to mammon. Almost every great achievement or discovery has met with violent opposition. When Pasteur offered his theory to the world and investigators gave us the newer materia medica, a large body of medical men, not content to test all things and hold fast to the true ones, raised their hands and said: "Oh, yes! another condurango case." So it is that we, as a rule, are too free to condemn where the facts are not all in, while we are often equally free to sit in open-eyed wonder when the faith-cure apostle recounts the common and easy task of violating laws which we know are inviolable.

The above reflections occurred to me when I received the newspaper clipping given below. Some time since I had occasion to prescribe for a friend and patron who is possessed of a peculiar dread of taking any and all medicines. It matters not whether the form be pill, powder, or liquid, so great is his aversion that he will not continue to take any more than the sufferings or discomforts of the time being compel him to. He is only a fair sample of a large class of people every practitioner meets, and to successfully treat whom requires tact as well as skill. This particular patient was suffering from a form of dyspepsia. I was not the first doctor he had seen in quest of relief. He frankly admitted that the others had not failed to relieve him, but relief was only temporary, and he tired of the medicine before his ailment was cured. His case was a very simple one, but had been of long standing. He had suffered off and on for years. His trouble was that after meals and until digestion was completed, which seemed an interminable length of time, he had pains in his stomach, a feeling of fullness more discomforting than painful, and a constant tendency to eructation of food. That, in short and brief, was his case. It is a very simple case, but it was not cured by the several doctors who had treated him; not because they could not have done so, but because as soon as they afforded him any sort of relief he quit taking medicine and soon was as bad as ever. Of course, it goes without saying that he ate whatever was most likely to tickle his palate rather than what required little effort to digest.

My treatment of the case was very simple and quite as satisfactory as simple. I directed him to lay in a supply of chewing-gum, and after every meal for an hour or two to chew a lump, swallowing the saliva. That settled that case, and I got my fee quite as willingly as if I had given a six-ounce bottle of medicine. This patient tells me he has never been troubled since he commenced to chew the gum except after a meal of sauer kraut, pigs' feet or other monstrous provender.

The newspaper clipping is as follows:—

Dr. Warren G. Priest, of St. Louis, denounces the idea that chewing-gum is an aid to digestion. He says: "Any well-informed physiologist will deny this at once. Chewing-gum produces a flow of saliva into the stomach at a time when it is not needed by that organ. This saliva burdens the stomach and forces it to abnormal action to get rid of it, and at the same time the salivary glands are robbed of the secretion and obliged to do double work to produce the saliva necessary for mastication and digestion. So far as the stomach is concerned, chewing-gum is as injurious as chewing-tobacco."

With the statements herein contained I beg to take exception; but at the outset I don't want to be understood as defending the silly habit that so many people of all ages and conditions have of chewing gum in public and private. This habit is disgusting, especially so when carried on by women, with whom it is at times a sort of craze. In so far as gum-

chewing is allied with the fashionable follies of the hour, it is not to be thought of in any other way than as a bit of feminine dissipation that is far from being dignified.

There is a very grievous error in the statement above made and inferred,—that saliva is valuable principally to aid in deglutition and mastication. The saliva is possessed of a peculiar power in a remarkable degree of changing starch into sugar, in which state it is absorbed. Now it is not to be supposed that this transformation can be made in the almost immeasurably short space of time of mastication and deglutition. This transformation also takes place in the stomach for a period of fifteen or twenty minutes after deglutition has taken place. The saliva being alkaline in its reaction and the gastric juice acid, is no reason why the presence of the alkaline saliva should interfere with the action of the gastric juice upon the food in the stomach. Were this true, the best way to hasten and encourage stomach digestion would be to follow that plan our railroad companies observe when they allow you ten minutes for dinner. You could then wash the food down with water or other liquid and thereby not burden the stomach by the saliva; but it so happens that the saliva acts as a promoter of the secretion of the digestive fluids by the stomach. In experiments that have been tried it has been found that if the flow of saliva be directed elsewhere than in the stomach, digestion takes place slowly and sometimes not at all. Then we must understand that the use of the saliva in deglutition is simply a mechanical one, and is the very least and most insignificant of its uses.

Under the general term dyspepsia is grouped a series of disorders that are as numerous as they are difficult of treatment; difficult because the cause can not always be discovered. In the case alluded to the cause was a hypersecretion of gastric juice, or acidity of that secreted. By exciting the salivary glands an increased flow of saliva was stimulated, and the supertendency to acidity corrected, and I fully believe much work of digestion that was not done until the contents of the stomach reached the alkaline secretions of the intestines was done in the stomach, where it should be done.

We can see here anew the very great importance of thorough mastication and insalivation. But in this age of tooth degeneracy these things are very often imperfectly performed. If all would masticate food as they should, it is not at all improbable that the great bulk of the starchy foods would find complete digestion in the stomach.

In conclusion, I need hardly refer to the parallel drawn between gum-chewing and tobacco chewing. That such extreme comparisons should be made by those whose province it is to know better, is a fact to be deplored.

Then, while I have no desire to discuss the gum-chewing habit, preferring to leave that to be condemned by good judgment, I think it probable that there are cases that will be benefited by chewing-gum. The excessive stimulation of the salivary glands caused by almost constant chewing, must sooner or later derange a secretion that plays a most important part in the human economy. But we have no more reason to fear that the direction to chew gum at certain times will be interpreted to mean all times, than we have to believe that our patients will violate any other orders given, with a view to correct other ailments of the body.

NOTES OF CASES AND REMARKS UPON THE GLASGOW EPIDEMIC.

By H. Y. NEIMAN, M.D.,
POTTSTOWN, PA.

THIS epidemic broke out among the workmen employed at the iron works at or about the middle of July, 1886, and lasted, as far as I am able to recall to mind, in the neighborhood of two months or ten weeks, some cases being down with it longer than others. The disease, beyond a doubt, was caused or produced by the water, which the men got at a well near the works.

The cases to which I shall call attention are as follow:—

Case I. W. R., age 35. He was taken ill on July 18, but I was not called in to see him until July 22, when I found the following symptoms: Severe pain in the head, back, and extremities; burning sensation in the throat, nausea, loss of appetite, a coated and harsh, dry tongue; the pulse full and frequent, 105 to 120 per minute; chills and chilly sensations; great prostration and general debility. There was a slight diarrhœa present. On the night of July 22, when I was called to see him, he was very delirious, and had gotten out of bed. He fell down a stairway a distance of fifteen feet. He

was again put back to bed by his attendants and watched. The fever was of a remittent type, and the symptoms of a typhoid character. I prescribed brandy, tablespoonful doses, every two hours, and sulphate of quinine, gr. v, with nitromuriatic acid dilute, gtt. x, every three hours. For the severe headache, bromide of potassium, gr. x, every three hours, which was alternated with the quinine and acid. I also ordered plenty of milk, beef-tea and broths. This treatment was continued with but few changes for seven or eight days, when the bromide of potassium was discontinued, and tinct. cincho. co., with spts. mindereri given instead. Under this treatment he made a good recovery. He was ill four weeks.

Case II. H. S., age 23. He was taken ill on July 25. All the symptoms were identical with those in the preceding case. In this case the tongue was coated, harsh, and dry, with the peculiar red edges seen in typhoid fever. The pulse ran up from 95 to 100 per minute. A severe diarrhœa was also present.

I prescribed for this patient quinine, gr. v, with dilute nitromuriatic acid, gtt. x, and spirits turpentine, gtt. vj, alternated every one and a half hours. Also brandy, milk, milk-punch, and beef-tea. The diarrhœa was controlled with gallic acid, gr. v.; subnitrate bismuth, gr. vj; and pulv. opii, gr. ss in powder every three hours. This man made a good recovery, being ill about three weeks.

Case III. W. S., age 21. This man was taken ill on July 21 with a remittent type of fever, and symptoms of a typhoid character. Besides, he complained of a burning sensation in the throat, nausea, a dry and coated tongue, pain in the head, back, and limbs; chills and chilly sensations were predominant, like the two cases already described.

I prescribed for him quinine, gr. v, dilute nitromuriatic acid, gtt. x; tinct. cincho. comp., ʒj; and liq. potass. acetat., tinct. nux vomicæ, and tinct. opii comp. in equal proportions, which was alternated every one and a half hours. I also ordered a good and nourishing diet. In this case there was no diarrhœa, but the reverse, a dose of oil being necessary to move the bowels. He was ill ten days.

Case IV. W. E., age 33. He was taken ill on July 27 with a remittent type of fever and typhoid symptoms. This case had all the symptoms manifest in Case No. III. There was no diarrhœa present. Nausea, headache, pain in back and limbs was very severe. I prescribed quinine and aromatic sulphuric acid, alternating with bromide of potassium every one and a half hours. A nourishing diet was ordered. He was ill ten or twelve days.

Case V. N. M., age 30. This patient was taken ill on July 20 with a remittent type of fever. This man had attacks of frightful pain in the head and back; in other respects his case was not so severe. Prescribed for him quinine and aromatic sulphuric acid in conjunction with bromide of potassium and fluid extract guarana alternately every one and a half hours. He was ill ten days.

Case VI. J. E., age. 25. This man was taken ill July 23 with a remittent type of fever. Nausea, diarrhœa, coated tongue, and a burning sensation in the throat. Ten days after being taken ill he had a hemorrhage from the bowels. Prescribed quinine and dilute nitromuriatic acid, alternated with bromide potassium and fluid extract guarana. The hemorrhage and diarrhœa were controlled by large doses of tannin, subnitrate bismuth, aromatic powder, and opium. Recovery took place without any further trouble. He was ill between two and three weeks.

Case VII. W. L., age 19. This patient was very ill with a fever of a remittent character and typhoid symptoms. He had a very bad diarrhœa during the whole period of his illness. Besides this, he had nausea and vomiting, was delirious for a week, complained of great and constant thirst, great and constant pain in the head, back, and limbs; a harsh, dry, and coated tongue; pulse 120 per minute, small and weak. There was great nervous and general prostration.

Prescribed quinine, gr. vj, and aromatic sulphuric acid, gtt. x, every three hours. For the diarrhœa, opium, subnitrate bismuth, and gallic acid was given. Ice-bags were applied to the head. Brandy, milk, and beef-tea were freely administered. He was ill three weeks.

Case VIII. F. E., age 40. Was taken ill on July 25 with a remittent type of fever. He had all the symptoms as already described in the other cases, but in a much lighter form. I prescribed quinine and dilute nitromuriatic acid every three hours. Controlled diarrhœa with tannin, bismuth and opium. A restricted diet was resorted to. He was ill two weeks.

Case IX. C. M., age 24. This patient

was taken ill July 20 with a remittent type of fever.

Prescribed quinine and dilute nitromuriatic acid. He was ill ten days. His illness was of a mild type.

Case X. H. S., age 26. Was taken ill July 20. The fever was of a remittent type. There was no diarrhœa or other typhoid symptoms. He had severe pain in the head. Prescribed quinine and aromatic sulphuric acid, alternated with bromide potassium and fluid extract guarana. He was ill two weeks.

Case XI. D. K., age 19. Was taken ill July 23 with a remittent type of fever. This was a mild type of the disease. Quinine and dilute nitromuriatic acid was prescribed for the fever, and bromide potassium for the head symptoms. This patient was ill one week.

Case XII. J. W., age 20. Was taken ill July 24 with a remittent type of fever and typhoid symptoms. This man was greatly debilitated and had a severe diarrhœa. Prescribed for him quinine and aromatic sulphuric acid, alternated with bismuth, tannin, and opium to control the diarrhœa. He was ill ten days.

Case XIII. D. S., age 19. Was taken ill July 26 with a remittent type of fever. This was a mild case. He was treated with quinine and dilute nitromuriatic acid, in conjunction with elixir beef, wine and iron. He was ill twelve days.

Case XIV. W. A., age 30. Was taken ill July 22 with a type of remittent fever, and typhoid symptoms. This man had severe head symptoms and a slight diarrhœa. Quinine and aromatic sulphuric acid alternated with bromide potassium was prescribed. This treatment was continued for nine days, when elixir of beef, wine and iron was substituted. He was ill three weeks.

Case XV. C. E., age 35. Was taken ill July 21 with chills, chilly sensations, nausea and vomiting, diarrhœa of great severity, dry and coated tongue, pain in head, back and extremities, loss of appetite, burning sensation in the throat.

I prescribed for him quinine and aromatic sulphuric acid, alternated with bromide potassium and fluid extract guarana. When diarrhœa set in I gave him gallic acid, bismuth, and aromatic powder, combined with opium in powder. He was ill eighteen days.

Case XVI. O. E., age 10 or 12. Was taken ill August 1 with the same symptoms as the other patients, such as chills, pain in head, diarrhœa, nausea, general debility and prostration. Quinine and nitromuriatic acid dilute was prescribed, in conjunction with bismuth, aromatic powder, gallic acid, and opium. He was ill seventeen days.

Remarks.—I have intentionally omitted mentioning the hygienic and supporting treatment in each individual case, because the supporting treatment was the same in each case, as already described and mentioned in the first several cases. The hygienic management adopted was the free use of disinfectants in the sick-room; the removal and disinfection of all sputæ and dejections. Free ventilation was resorted to. All of these cases were kept on a supporting and nourishing diet. Brandy was given in all instances, and when prostration and weakness was great, it was given more freely than in the milder cases.

All of them had chills and fever, with chilly sensations; nearly all, with few exceptions, had diarrhœa. Typhoid symptoms were predominant. One of them had hemorrhage from the bowels, and several from the nostrils, although not serious. All of them commenced to get ill in the same way,—with chills and fever; pain in the head, back and extremities, which was at times very severe over the entire cranium. Some cases were very delirious. In the majority of cases loose bowels prevailed. The tongue was coated, harsh, and dry. Nausea was present in every case, and often vomiting. The matter vomited was of thick and greenish consistence. The stools were thin, of a greenish color, and very offensive. The pulse was generally hard and full, averaging from 80 to 95 per minute, except in those cases of a severe form, when it ran up to 100 and 140 per minute, and even more. All of them complained of a burning sensation in the throat.

There were other cases under my care of a milder type, who rapidly regained their former health under treatment.

There were ill, of the hands employed at the works, as far as I am personally able to say, about seventy in number, with this disease. Five or six of the patients died, outside of my own practice. One died of hemorrhage from the nostrils, and two of hemorrhage from the bowels. What the direct cause of death was in the other fatal cases during this epidemic I am unable to say.

The water used for drinking purposes by the workmen was taken from a well near the works, which is supposed to have caused the epidemic, and which in my mind, and according to all evidence pertaining to it, no doubt was the real cause, because as soon as the well was abandoned, and no more water used, the epidemic rapidly abated, very few new cases developing thereafter, and no one outside of the workmen or any one not having drank of the polluted water getting ill; neither was any one taken down with this disease that I know of that waited on these patients or came in contact with them. An instance happened which might serve as good proof in support of this theory, as to the contamination of the water and being the cause of the disease, which was as follows: Two young men, not employed at the works, drank some of the water, who subsequently became ill with the same form of disease. One of these died as the result. How or in what manner the water became contaminated is, I believe, not really known. Samples of it were sent to various chemists for analysis, who pronounced it unfit for use. There must certainly have been some organic matter or germs contained in it, producing this disease. Various theories have been brought forward as to the cause of pollution. Certain it is that some poisonous matter drained into the well from somewhere. Dr. T. J. B. Rhoads gives his version of the matter in the Annals of Hygiene for October, 1886, to which I must refer my medical colleagues. I might here mention that members of the families of those residing quite near the works were also ill, these having drank of the polluted well-water; while none of those who used other water exclusively were attacked. I procured a sample or quantity of the contaminated water and had it analyzed by an able druggist of the town by the permanganate of potassium test. By this test organic matter was found to exist in it very freely. The source of its pollution remains a mystery. I took part of the water obtained, put it in a bottle, corking it up as tight as possible. After standing forty-eight hours a thick, greenish scum had collected on the surface, forming a consistence like cream on milk.

In conclusion, I will say that the severe and well-developed cases were typhoid, but those getting well in ten and twelve days cannot be called typhoid fever. Manifestly, then, they were not all typhoid; but some, as Inspector W. B. Atkinson and Dr. Benjamin Lee, of Philadelphia, who visited the works, satisfied themselves, were manifestly so.

The temperature in these cases was identical with that met with in typhoid fever, for such it was. In the mild cases it went up very little beyond the normal; in the severe cases under my care the temperature in several instances was 104° to 105°. In cases of less severity it ranged from 100° to 102°.

A TRIBUTE TO PROF. FREDERICK HYDE, M.D.

DELIVERED AT A MEETING OF THE ALUMNI OF THE COLLEGE OF MEDICINE OF SYRACUSE UNIVERSITY, JUNE 14, 1888.

By WM. T. PLANT, M.D.

DR. FREDERICK HYDE died at his home, in Courtland, on the 15th day of October last. He was the dean of this college,—the only dean it had hitherto had. I suppose it was because we were so long officially associated that I was appointed by your executive committee to speak of his life and work among us.

Concerning the earlier part of his career I shall say little, for I know little. Born in the first month of 1807, he became a teacher at 15 and began his medical studies at 24. He attended three courses of lectures at what was known as the College of Physicians and Surgeons of the Western District of New York. It was located at the little village of Fairfield, on one of the green hills of Herkimer County. He received his degree in 1836.

After that there was a good half century of skillful, unremitting toil for the good of others; all for others; almost nothing for himself, barring the satisfaction that comes from and with a life of unselfish labor.

"He was devoted to his profession, proud of it, and zealous for its good name." He was a remarkable man and had a remarkable physique. His frame was tall, massive, and enduring. Few men could bear up under so much toil with so little sleep. In this respect he resembled the great Napoleon. Though his labors were abundant he never amassed great wealth, because he did not care to do so. "His profession was the end for which he labored, rather than a means to the attainment of riches. He gave the benefit of his skill as

freely to the poor as to the rich, and was never accused of crowding or oppressing any one." I believe he rarely presented a medical bill unless driven to it by present need. An indifference as to money matters, a neglect to make timely presentation of bills for services rendered is not, I think, commendable; but it is a trait that has characterized many men who have become eminent in our profession.

Starting in life as a boy-teacher, his interest in educational matters "grew with his growth," and was second only to his interest in medicine. He was a trustee of several institutions of learning, and generally served as president. He was a born teacher. While yet a young practitioner he filled his office with students and found a way, somehow, to teach them anatomy practically, and sent them to Fairfield to graduate.

Professor Nivison writes me as follows:—

"I first heard of Dr. Hyde in 1839, while I was attending my first course of lectures at the old Fairfield Medical College. Though he was then so young, my impression is that he had more students in the class than any other physician. I became intimately acquainted with three or four of them. Those students were enthusiastic admirers of their preceptor. They never tired of sounding his praises, and to them his word was law."

His reputation as a medical teacher thus became coextensive with his spreading fame as a practitioner, and brought him, in 1854, an invitation to take the chair of obstetrics in Geneva Medical College—the lineal descendent of old Fairfield. The next year he took the chair of surgery, which he held in Geneva and in this college through the rest of his life. In these years he was often heard to say: "I would rather be a teacher of surgery than the president of the United States."

We here first knew Dr. Hyde in 1872. He was an old man then; sixty-five years old; but he was a grand old man. Some of us remember him as he appeared at a meeting of the Ououdeya Medical Society, called to consider a proposition to transfer the Geneva College to this place, and to make it a department of the institution that had just migrated here from Lima and taken the name of Syracuse University. Prof. Fowler, a man to be long remembered for his cyclopædic knowledge and noticeable always for his soldierly bearing, his clerical coat and his white, flowing locks, had also come down from Geneva; but Prof. Hyde was the chief spokesman of the Geneva delegation. As a result of this and other conferences the Geneva school, its professors, its library and museum came to Syracuse, and Dr. Hyde was made dean, as he deserved to be. The ardor with which he engaged in this new enterprise was wonderful. No young doctor, with his new horse and buggy and untarnished sign, ever went to his first field of practice with greater enthusiasm. It is not difficult for a man in the prime of life to get up a lively interest in a matter that is to add to his fame or fortune, or that is to benefit his own village or even county; but Prof. Hyde was now an old man with nothing to gain; his spurs had been won years and years before he came here; he had as much work on his hands, and lucrative work too, if he had chosen to make it so, as one man ought to have. His connection with this school could in no way aggrandize him or his family or his neighborhood, and yet he came.

At first a temporary habitation had to be secured and fitted up, the curriculum had to be arranged, and new teachers appointed for several chairs. Two years later came the purchase of this property, and such changes in and repairs to this building as were necessary to convert it from a wagon-shop into a medical college. All these things made it necessary to call the faculty together for conference very often; but Professor Hyde was almost always present, coming down from Cortland, thirty miles away, at his own charges. As many of the meetings were in the evening, he was frequently obliged to spend the night here at an additional expense and a loss of time that to most busy men would have been vexatious. He had, as presiding officer, a quiet dignity and urbanity that could not be surpassed. At these conferences we were not always all of one mind, but we were all of one heart.

I believe it was the dominant thought of every man connected with the faculty to build up the best school possible with the ability and means at our command. Our differences, so far as we had differences, were in non-essentials, and were never allowed, even for a moment, to interrupt our harmonious personal relations.

For several years Dr. Hyde came here twice weekly to lecture on surgery, besides attendance on faculty meetings. The last three or

four years, as he was perceptibly losing strength, the schedule was so arranged as to call him here but once a week, and our thoughtful janitor provided, on his days, a couch and a fire in the adjoining faculty-room, so that he might rest before and after his lecture. About this time, too, he began to indulge himself in the luxury of sitting during his exercises.

He rarely missed his appointments with the students; but if, as sometimes happened, an imperative demand of his own practice, or a snow-blockade of the railroad kept him away, he always telegraphed, so that the students might not be held in waiting.

Though an old man, Dr. Hyde was no fossil. He held advanced ideas on medical practice, and especially so in educational matters. When, prior to 1875, a change from the old "go as you please" method of training to the graded system began to be advocated, no word of opposition ever came from him. He had seen years before that it was the right thing to do, and though he foresaw clearly enough that the change would be followed by a numerical loss in students, he was willing to make the attempt if his colleagues thought it best. After the change had become a fact accomplished, and the membership of the school had in consequence dropped almost at once from sixty down to forty, he never said "I told you how it would be! let's go back!" but he waited, and when he saw the results of the new system, as shown in superior medical scholarship, he became the most zealous of all of us in its support. To those who were associated with him, teachers and students alike, his warm friendship and words of encouragement were a constant inspiration. He was always cheerful, never mirthful; always serious, never morose. His joy, his pride, and his anxieties were in and for the profession and this school. Nothing gave him more satisfaction than to be helpful to other medical men,—especially to young men,—to such as were patiently working and waiting for legitimate public recognition. The high esteem in which he was held by his professional brethren was attested by the large gathering of medical men at his funeral.

He loved every teacher and student and alumnus of this school, and from the first day of its existence to the last day of his life the loss of time and money and needed rest were as nothing to him, if thereby he could advance its interests.

However extended the life of this college may become—and we are not willing to contemplate for it a perpetuity less enduring than that of any other human institution—but, however long it shall last, it may never have a more disinterested and self-sacrificing friend than Professor Frederick Hyde.

"NEUROKINESIS."

By I. H. STEARNS, M.D.,
LYNN, MASS.

DR. D. De BERDT HOVELL, as it appears from an item in the Medical Register of March 10, has supplied a "long-felt" want, to use a conventional term, by suggesting a name for a disease, or a condition that is often found among the soldiers of the late war. Many a poor fellow is now suffering from "neurokinesis," or the result of months of improper feeding and irregular and sometimes excessive physical demands and exposure to the elements. Such cases are frequently met where the man, although evidently broken down, is not on the pension list, because, forsooth, the examining board cannot find objective symptoms of chronic diarrhœa or rheumatism, which are not necessarily now present, although perhaps among the first effects produced.

In making a diagnosis of such a case we are apt to forget the character of the diet to which these men were so long confined. The sole bread was that from which the bone- and muscle-making material had been carefully sifted; then there was fat pork, sugar and coffee. These four articles were the standard issue. A carbonaceous supply, capable of carrying on the functions of life, all, except the repair of the wasting tissues. It used to be taught that camp dysentery, or diarrhœa, was the natural result of an aggregation of large bodies of men. But this is not so. It is among the first symptoms of scorbutus, or scurvy, which is not the result of living on salt food, as formerly supposed, but from a diet not containing all the elements of which the body is composed. I make this point: If a person loses a single dinner, it can never be made up. Now, with the soldier there were from weeks to years of improper feeding, from which there can be no complete recovery. This article is written particularly for the benefit of physicians who are called upon to furnish certificates in pension cases: and who among us are not?

When a man is generally demoralized, has any form of irritation, a susceptibility to unfavorable impressions, a liability to perverted physical conditions, an inability to withstand heat, cold, or the ordinary vicissitudes of life, a prostration of any special part or of the whole system, irresolution, involving a spirit of unrest and without the power to concentrate the thoughts or energies, or where there are any otherwise unexplainable, constantly recurring symptoms, he has a chronic post-bellum neurokinesis. And it is certain that the medical referee at the pension-office will be glad to accept the new term as describing or characterizing a pensionable disease, largely the result of either ignorance or carelessness on the part of the commissary department.

16 FEDERAL STREET.

SOUCHUS ALERACEA.

BY S. F. LANDRY, M.D.,
LOGANSPORT, IND.

THE milk-white juice that exudes from an incision on the stem, or the fractured edge of a leaf, concretes into a brownish gum when drying, resembling opium-gum in color. Taken internally, in a dose of 2 to 4 grains, it proves to be an intensely powerful hydragogue cathartic, whose action in one case under my own observation lasted for about three days and nights. It gripes like senna, and produces a tenesmic action similar to aloes. This, while calling for caution, is its strongest recommendation, as evidence of its therapeutic usefulness in cases where strong remedies are indicated. It acts powerfully on the liver, duodenum and colon, and thoroughly cleanses the entire prima via. Oblique incisions carried through the mesophleum fill rapidly with the milky juice, which can be collected in this state, or it can be permitted to concrete on the surface and then be removed. But there will be a loss, as the juice exudes rapidly and trickles to the ground so soon as the incision is made.

In its general effects it most resembles elaterium, as it produces large and rapid watery discharges. From this it is apparent that souchine as a therapeutic agent in ascites and hydrothorax cannot be easily over-estimated. However good and useful may prove to be the crude gum, or undiluted juice, it will evidently well repay some enterprising chemist to separate the alkaloidal and primal medicinal elements for the benefit of the medical profession and mankind at large. Hitherto regarded only as a worthless weed and as an obnoxious agent in the garden, it must henceforth rank as a useful medicinal plant in dosimetric medicine.

The experiments leading to these observations were made eight years ago, and are now for the first time given to the profession.

In conclusion, I have only to suggest proper care in its administration, and a combination with manna, anise seed and carbonate of magnesia, or with stimulants and aromatics, as ginger, cardamon, caraway seed, etc., as particularly necessary to correct its fierce attacks on the mucous membrane of the intestinal tract. This is especially required as a safeguard against inflammatory consequences resulting from its prolonged and violent action. Even the addition of morphia or other opiates combined therewith promises magnificent results in cases of "slow bellies," impaction of the bowels, and chronic or long-continued constipation. Thus guarded and modified, it may prove the grand desideratum, in place of cascara or rhamnus, in a host of abdominal and thoracic complications, and in some cases of indigestion, preventing the lingering acidity and flatulency arising from indigestible food.

HYDRIODIC ACID: ITS USES IN GENERAL PRACTICE.

BY WM. C. WILE, A.M., M.D.,
DANBURY, CONN.,
Ex-Vice-President of the American Medical Association; Member of the British Medical Association; Editor of the New England Medical Monthly, etc., etc.

THE difficulties which were in the way of the use of hydriodic acid because of its rapid decomposition, were considered so insurmountable that it was not until the year 1878, when an unalterable syrup was presented to the profession, that it came into use. Soon after this, in 1880, my attention was attracted to an article by Dr. J. B. Oliver, of Boston, which was published in the Boston Medical and Surgical Journal, of the issue of March 4th of that year.

Dr. Oliver, in his paper, alluded to the use of syrup of hydriodic acid in the treatment of asthma, and in conclusion says that Dr. Knight "had surprisingly satisfactory results" from the same remedy. Having under observation at this time a severe case of chronic asthma, complicated with chronic bronchitis, on which

I had tried iodine of potassium, which was intolerable to the stomach, I at once put the lady, a woman of forty-nine years, upon the syrup of hydriodic acid. The effect was all that could be desired. There was an almost immediate relief from the asthmatic conditions, rapid amelioration of the cough, decreased expectoration, which was very profuse before the exhibition of the remedy. The sputa was thick and viscid, became thinner in character, and my patient's general health commenced to improve; and after three months' use of the syrup of hydriodic acid, in increasing doses till two teaspoonfuls were taken three times a day, complete recovery took place, and from that time until her death of pneumonia two years later she had no relapse. The results in this case were so satisfactory that ever since it has been my favorite remedy in all asthmatic troubles; and though every case has yielded promptly and effectually as this one, still I have never administered it in this class of diseases without unmistakable evidences of relief and comfort. In chronic bronchitis of long standing, in my hands it has produced most excellent results, and can be given when the iodine of potassium cannot for a moment be tolerated. The cases which seem to derive the most benefit from this remedy are that class of long-standing bronchitis where the lung seems about to take on a deeper seated and less tractable form of disease. My attention has been frequently called, in the treatment of chronic bronchitis with hydriodic acid, to the fact that small doses frequently repeated are of signal service, when larger doses do not seem to accomplish the same results. In fact, from long experience I would suggest the constant use of the syrup in small doses, 15 drops, gradually increased a drop a dose, until the point of toleration is reached, in order to get the most satisfactory and lasting results. While practicing at Sandy Hook, Conn., I had the opportunity of observing its action in lead-poisoning in a great many cases, lead entering largely into the compound, which is mixed with the crude rubber during the process of manufacture. I depended almost entirely on the syrup of hydriodic acid for all forms of chronic lead-poisoning. In lead-paralysis this remedy combined with keeping the bowels quite free, and the application of the faradaic current, were the only means employed, and always with satisfactory and oftentimes surprising results. Wrist-drop and chronic abdominal pains would yield to the remedy combined with saline cathartics. In scrofulous diseases, of children especially, does the hydriodc acid seem to produce most marvelous results. In infantile eczema, enlarged glands, cold abscesses, indolent sores, treated with small doses gradually increased until it is all that can be borne, will prove a source of great gratification to the patient, and gratitude toward the doctor.

At the suggestion of my friend, Dr. F. A. Burrall, of New York, I am using it in a case of obesity, with the result of steady diminution of the amount of fat, without a single disagreeable symptom or interference with the general health, or the action of any of the functions of the body. In hay fever it has been used by other observers with good results, but my own experience with its use in this disease has been *nil.*

It is hardly necessary for me to more than say that in all the latest stages and manifestations of syphilis it has yielded its most magnificent results. Pleasant to take, rapidly pushed to large doses, I have found the most pronounced and favorable effects. Patients take it readily, and the improvement is so rapid and immediate that they need no urging to continue its use for as long a time as the doctor deems desirable.

My paper has now reached the limits which I prescribed for it, but I cannot resist the temptation of recording briefly three of the most unique cases of my experience with this drug. The one was a man forty-two years of age, who was a paper-box manufacturer, suffering from arsenical poisoning from the inhalation of arsenical dust arising from the glazed paper which he handled and cut. After repeated trials of other remedies, the syrup of hydriodic acid made a complete cure inside of a month.

In Danbury, the city in which I now reside, they make large quantities of hats; in fact, it is said that at least one-half of the hats made in the United States are made in that place. To preserve the fur, carrot is used, which is composed largely of mercury; consequently, many of the hatters working in the plank-shop suffer from mercurial poisoning, and many from mercurial tremor and paralysis. No remedy has proved of so much value to me as the hydriodic acid: always prompt in its effects and reliable in its results.

The last case was one of chronic rheumatism in a man thirty-seven years old. He was almost a cripple in his hands and feet, and had not done a stroke of work in two years. I had exhibited every remedy known to me, including electricity, massage, Turkish baths, colchicum, etc., but until I commenced the use of the hydriodic acid no permanent improvement was made. After continuing its use for four months the patient seemed, and was to all appearances, entirely well. For fear of relapse, he continued taking it for two months more, in order, as he explained it, "to make assurance doubly sure." I do not believe that this remedy is enough understood for the advantages it possesses over all other forms of iodine to be as thoroughly appreciated as it should be; but of this I am assured, that it will be tolerated by the stomach many times when no other preparation of its class can be retained, and do work that none other will. It is scarcely necessary for me to state that I have never used any other preparation than that of the originator of the unalterable syrup of Mr. R. W. Gardner, of New York.

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*THE GALVANIC METHOD OF TREATING THE VEGETABLE PARASITIC DISEASES OF THE SCALP, WITH A REPORT OF CASES.**

By HENRY J. REYNOLDS, M.D.,
CHICAGO.

HE said the reason that all heretofore adopted methods for treating these diseases had been ineffectual was because the parasiticide applications employed to destroy the fungus could not be so applied as to penetrate the hair-follicles and into the hair-structure itself,—the parts invaded by the growth. Any parasiticide so applied as to reach the growth will very readily cure the disease, as is so frequently demonstrated in the manifestations which occur upon the non-hairy skin,—tinea circinati, tinea versicolor, etc. The great object to be attained, therefore, must be the penetration of the remedy employed to the inaccessible parts. He had shown over a year ago, in a paper read before the same association, that a solution of cocaine applied to the sound integument could by the means he employs be induced to so penetrate and permeate the cutaneous tissues as to produce complete local anæsthesia of these parts,—a result which must show that every portion of these structures had been permeated by the drug. In making these experiments he conceived the idea that the same principle might be applied in the treatment of the vegetable parasitic diseases of the scalp, and the penetration of the parasiticide to the bottom of the hair-follicles be induced by the same method. He employs the galvanic current for this purpose. He applies, after first washing well with soap and water, a one per cent. solution of bichloride of mercury, or other parasiticide lotion, with the sponge of a positive electrode of a McIntosh battery, to the affected part for about ten minutes once a day, the circuit being completed by placing the negative on some adjacent point. The strength of the current must vary with the size of the electrode, the irritability of the part, etc., the object being to apply the strongest current that can be borne by the patient. He had read a paper on the same subject at the International Medical Congress at Washington, and now submitted a report of ten additional cases treated by it, eight in Europe and two by himself, all of which were cured in an average of less than three weeks each, and many of which had resisted all other forms of medication for years.

He said that Drs. E. Charon and G. Gevaert, of the Hospital de St. Pierre, Brussels, who had treated eight cases of tinea tonsurans successfully by the method in an unusually short space of time (Journal public par la Société Royale des Sciences Médicales et Naturelles de Bruxelles), said:—

"We have, therefore, at our disposal a powerful medium capable of carrying to the interior of the hair-sheath an energetic parasiticide.

"In our experience we have come to the conclusion that the modification of the diseased patches, treated by the continuous current and the sublimate, are manifested from the very outset of the treatment, and that all other proposed means of treatment cannot be submitted in comparison with this new mode of Prof. Reynolds', at once efficacious and rapid, the patches presenting immediately a smoother, more pliable and less scaly surface, and the diseased hair seeming to resume at once vitality. At the end of three or four days the contrast between the diseased and

*Read at the Section on Dermatology and Syphilography of the American Medical Association, Cincinnati, May 8, 9, 10, and 11.

and healthy areas is less marked, the duration of the treatment depending upon the chronicity of the trouble and the modified conditions of the disease, which may have been induced by the influence of previous medications.

"We have, therefore, by the ingenious invention and method proposed by Dr. Reynolds, a horizon of new experiments opened up to the dermatologist for the treatment of these heretofore almost incurable diseases of the skin."

HOSPITAL GANGRENE.

TWENTY-FIVE years ago, during our civil strife, and before the time of Hueters, Pasteurs, Listers, Kochs, and others, researches concerning micro-organisms as possible causes of disease, suppuration, etc., the army pestilence, known as "hospital gangrene," was considered a constitutional affection. Its correct etiology was not known. It was thought to be a "relic" of the oriental armies which had invaded Eastern Europe during the latter part of the 17th century, and was classed along with cholera, typhus, scarlatina, etc., among the contagious diseases. Of late, its true character has been established beyond a doubt, and at present it is classed among the affections, the cause of which is to be found in thus far unknown disease-producing germs suspended in the surrounding atmosphere. But although it was generally looked upon as a constitutional affection, it occurred to a few of the army—Goldsmith and others—that it was purely local at the outset, becoming constitutional afterward by the absorption of poisonous exudations,—a theory comparable to the present accepted explanation of diphtheria, with which, by the way, some authors consider it to be closely related, if not identical.

During the year 1864, at the Hospital No. 2, Chattanooga, Tenn., I had occasion to treat a number of cases of hospital gangrene, and I became convinced of its purely local character in the outset. At that time the "germ theory" had not been advanced; at least, I had no knowledge of it; but what I did know, and what I had occasion to observe almost every day, was that formerly healthy wounds would, under certain local conditions, become poisoned, and within a few hours be transformed into a jelly-like, fermenting, and exceedingly offensive mass, after which constitutional disturbances would soon follow. I observed, further, that when energetic topical treatment (nitric acid applications) was adopted, augmentation of the disease would to some extent be checked; but it was not until the systematic use (externally) of bromine was advised that we became successful in combating this loathsome affection. We then had found the remedy (germicide) *par excellence*, and were enabled to neutralize, as we then termed it, the poison effectually; at least, in those cases where no constitutional symptoms had supervened.

Our mode of procedure would be to "pack" the wound with cotton previously saturated with a solution of bromine and alcohol, 1 part to 4, and allow this mixture to penetrate the infested wound and surrounding tissue. (Experience showed this to be of the utmost importance, as superficial applications failed to have the desired effect in every instance.*) After several hours—generally twelve—of action, the surrounding tissue to the extent of ½ to ¾ inch would be turned into an eschar, the removal of which was hastened by warm poultices of yeast and charcoal.

After the removal of this slough, the wound, although greatly enlarged, would invariably present a healthy, granulating surface, with no trace of its former infection; and if then isolation could be effectually established, the healing process would from then on progress favorably.

In a few instances only were relapses to be recorded. These were subjected to this procedure a second time, or oftener, with the same beneficial effect as far as regards cure, but the wounds then would become greatly enlarged, and often disfiguring sequelæ could not be prevented.

During my stay at Chattanooga, diphtheria was a frequent visitor of the families remaining after the occupation of the town by the Union armies. There were but few children, and the many impediments to their social intercourse may have prevented the spreading of this malady; but the commingling of soldiers and civilians was uninterrupted, and we army sur-

* An interesting phenomenon I had occasion to observe in one instance: One patient had received two flesh wounds, one on thigh and one on arm (biceps muscle). The arm wound became gangrenous several days in advance of the second wound, and this had in consequence to undergo treatment so much later. Having mentioned the supposed relationship between this affection and diphtheria, I will here state, in parenthesis, a circumstance which at the time I could and did not bring in connection with it, but the "causalnesus" of which I now think at least possible.

geons were called on to attend their (the citizens') sick and to deliver their parturients.

If the relationship of these affections or of their inciting germs should be proven, I confess that I may have been one of the carriers of the contagion to our wards, and the unintentional cause of much suffering and distress.

ANONYMOUS.

THE WATER SUPPLY OF LEWISBURG.*

By WM. G. OWENS,
LEWISBURG, PA.
Professor of Chemistry, Bucknell University.

WATER furnishes one of the readiest channels for the introduction of poison into the system. Germs of disease cannot be definitely determined by chemical analysis, but it can show organic impurities in which they are apt to live. The potable water of our town is derived from two sources,—wells and the river.

The amount of water used per day during last week from the river was 143,000 gallons. The water is obtained from near the middle of the river. It is only filtered through a gravel covering to the crib. It is frequently much colored with sediment. Sources of pollution: (1) Impurities dissolved out of the soil, which are generally harmless, though not always pleasant to drink. (2) Contamination from the sewage of Williamsport, Milton, and other towns above us on the river, which, though it is almost in dilution, cannot be entirely destroyed by oxidation in coming this distance. (3) A possible source of contamination may be the sewer which empties into the river above the dam, though this would likely only affect the water supply when the river was very low or when the supply-pipe leaked.

The other source of supply—the wells—may be contaminated (1) from the filth leaked out of the soil by rains. (2) From connection with cess-pools, many of which are but a few feet distant from the well. As the soil is composed, at a few feet below the surface, of gravel, and as the well-walls are not cemented, there is nothing except a few feet of gravel between the waste-drain and drinking supply. (3) The most direct source, though fortunately the most infrequent, is the use of discarded wells as cess-pools.

*Abstract of paper read before the Sanitary Convention held at Lewisburg May 17 and 18, 1888.

Chemical analyses of well-waters made at various times in the laboratory of the University (Bucknell) have uniformly shown large quantities of organic matter, nitrites, nitrates, and chlorides in excess. The river-water has, on the other hand, always shown good results in the hands of the chemists. It should be said, however, that no analyses have been made during or immediately after the heat of summer.

We conclude, therefore, that the source of river supply is objectionable and always presents the opportunity for the spread of contagion from the towns above; but that it is preferable to the water from the town wells, which is always largely contaminated with sewage, and is unfit for drinking purposes.

THERAPEUTIC NOTES.

TREATMENT OF PRURITUS VULVÆ.

Verrier (Gaz. d. Gyn.) recommends the following:—

℞. Acid. carbol., . . gr. viiss.
Morphii acet., . . gr. vj.
Acid hydrochl. dil., . ♏xlv.
Glycerin, ... ♏cl.
Aq. destill., . . . ♏clxxx.

A sponge dipped into this lotion is to be applied to the itching spot.—*Canadian Practitioner.*

A GOOD TONIC.

Here is a good tonic. The ingredients may be used in various proportions to suit varying conditions:—

℞. Hydrargyri chloridi corrosivi,
Sol. arsenici chloridi,
Acidi hydrochlorici dil.,
Tincturæ ferri chloridi,
Aquæ, or some other menstruum.

—DR. TAYLOR.

DYSMENORRHŒA.

℞. Tr. Gelsemii,
Tr. Camphoræ,
Tr. Opii Camphoratæ, āā ʒij.

M. Sig.: Thirty drops every two hours p. r. n.
—CALVIN, *Buffalo Med. and Surg. Jour.*

OINTMENT FOR SMALL-POX.

The following ointment is said to act as an anæsthetic and antiseptic, and to prevent pitting:—

℞. Pulv. iodoform, . . . ʒss.
Pulv. camphoræ, . . . ʒj.
Vaselini, ... ʒj.

M. ft. unguent. Sig.: Apply by gentle inunction.—*Gaillard's Med. Jour.*

ANTHRAROBIN.

The following are formulas employed by G. Behrend. They can be used in chronic eczema, psoriasis, alopecia, acne, sycosis, and in vegetable parasitic diseases:—

Pomades.

℞. Anthrarobin, . . . 10 grams.
Olive oil, . . . 30 "
Lanolin, . . . 60 "
M.

℞. Anthrarobin,
Olive oil, . . āā 20 grams.
Axungium, . . . 60 "
M.

℞. Anthrarobin, . . 10 grams.
Olive oil, . . . 15 "
Axungium, . . . 75 "
M.

℞. Anthrarobin, . . 20 grams.
Olive oil,
Lanolin, . . āā 40 "
M.

Alcoholic Tincture.

℞. Anthrarobin, . . 10 grams.
Alcohol, . . . 90 "
M.

℞. Anthrarobin, . . 20 grams.
Alcohol, . . . 80 "
M.
Dissolve the anthrarobin in the boiling alcohol.

Glycerin Solution.

℞. Anthrarobin, . . 10 grams.
Glycerin, . . . 80 "
M.
Dissolve by heat.

Aqueous Solution of Anthrarobin and Borax.

℞. Anthrarobin, . . 10 grams.
Borax, . . . 8 "
Distilled water, . . 80 "
M.

℞. Anthrarobin, . . 20 grams.
Borax, ... 35 "
Glycerin,
Alcohol, . . āā 90 "
M.

DIARRHŒA.

℞. Bismuthi salicyl., . . ℥ij.
Tr. capsici, . . . gtt. xij.
Spts. ammon. aromat, . f℥iss.
Pulv. acaciæ, . . ℥ij.
Aq. cinnamomi, q. s. ad f℥ij.
M. Sig.: Teaspoonful every two hours, for a child from three months to one year of age.

SQUIBB'S MAY-APPLE PILLS.

In the June number of the Ephemeris of Materia Medica, etc., Dr. E. R. Squibb gives the following formula for the pills commonly known as May-apple pills, or podophyllum pills:—

℞. Resin of podophyllum, . gr. ¼.
Alcoholic extract of hyoscyamus, . . . gr. j.
(Or) Alcoholic extract of belladonna, . . . gr. ⅛.
Powdered capsicum,
Powdered sugar of milk, . . . āā gr. j.
Powdered acacia, . . gr. ¼.

About a third of a grain of glycerin is added to keep the pills soft, and syrup is used in making up the mass. Nowhere, says Dr. Squibb, are the pharmacist's knowledge and skill so necessary as in making such pills. They should never be coated. They are used as an aperient where the upper part of the intestinal tract is at fault, perhaps from sluggishness of the liver, and are given at bed-time—seldom more than one at a time. "No effect need be expected on the day following," says Dr. Squibb, "but the second or third pill at bed-time will pretty surely give some effect on the third or fourth day. Then usually one dose at bed-time is to be omitted, and . . two doses a week will be sufficient during the next week, one dose a week for the third week, and finally none."—*New York Medical Journal.*

CHLORATE OF CALCIUM IN ECZEMA.

Lier gives the following formula for the use of chlorate of calcium in eczema:—

℞. Ung. zinc, . . . 20 parts.
Talci,
Ol. cadin., . . āā 5 "
Aq. dest., . . . 10 "
Calcii chlorat., . . 2 "

This paste has been found especially useful in chronic obstinate eczema.—*Jour. of Amer. Med. Assoc.*

IDIOPATHIC EPILEPSY.

℞. Potassii bromidi, . . gr. xx.
Tinct. cannabis indicæ, gtt. ij.
Syrup, . q. s. ad f℥ij.
M. Sig.: Take three times a day.

Milk and vegetable diet. To prevent the paroxysm, inhale five minims of nitrate of amyl. — DA COSTA, *College and Clinical Record.*

TREATMENT OF ACNE.

Unna, of Hamburg (Monatsheft f. Pract. Dermatolog., No. 1, 1888), recommends the following pastes:—

℞. Ungt. zinci benzoat., . 86 parts.
Sulphur. præcip., . . 10 "
Terræ siliciæ, . . 4 "
M.
S.: For night use.

R. Ungt. zinci benzoat., . 80 parts.
Resorcin, . . . 10 "
Terræ siliciæ, . . 10 "
M.
S.. For night use.

℞. Resorcin, . . . 2–5 parts.
Glycerin, . . . 1 "
Spts. dest., . . . 80 "
Aq. flor. aurant, . . 20 "
M.
S.: For day use.

℞. Hydrarg. bichloridi, . 0.5–0.2 parts.
Glycerin, . . . 1 "
Spts. dest., . . . 80 "
Aq. flor. aurant, . . 20 "
M.
S.: For day use.

CHOLERA INFANTUM.

Tedeschi advocates the following mixture as the best substitute for cows' milk in infantile cholera:—

℞. White of eggs, . . 15 grams.
Oil of sweet almond, . 35 "
Sugar of milk, . . . 40 "
Carbonate of soda, . .40 "
Chloride of sodium, . .20 "
Phosphate of lime (neutral), ... 2.50 "
Water, ... 1 litre.
Made into an emulsion.

This alimentary mixture has been used in fifty-one cases of infantile cholera, in which forty-four were cured and three died. The result in three cases was not known.—*Weekly Medical Review.*

PRESCRIPTION FOR HEADACHE.

Dujardin-Beaumetz recommends the following:—

℞. Caffeine, ... gr. iv.
Salicylate of sodium, . . gr. iv.
Hydrochlorate of cocaine, . gr. iss.
Water, ... fʒij.
Syrup, ... fʒvss.
M. Take the whole at one dose at the beginning of the attack.—*Medical and Surgical Reporter.*

He also gives this application:—

℞. Thymolis, . . . gr. ij.
Chloral hydratis, . . gr. xx.
Acidi borici, . . . ʒj.
Hamamelis dest., . . ʒj.
M. —Dr. Shoemaker, *Medical Times.*

SUPERFICIAL NEURALGIAS.

Here is Garretson's favorite application for superficial neuralgias, especially of the face:—

℞. Aconitini, . . . gr. ij.
Veratrini, . . . gr. iv.
Olei tiglii, . . . gtt. ij.
Olei olivæ, . . . ʒij.
M. Sig.: Rub over the affected spot thrice daily.—*Ibid.*

FOR CORNS AND WARTS.

℞. Acidi salicyl.,
Acidi lact., . āā 10 parts.
Collodion, . . . 80 "
M. —Vomaka, *Pragische Rundschau.*

CATARRHAL CONJUNCTIVITIS.

℞. Salicylate of mercury, . . 0.50.
Distilled water, . . . 30.
Carbonate of potassium, . q. s.
M. For eye-wash.—*N. Y. Record.*

SALOL TOOTH-POWDER.

℞. Salol, ... ℈ij–gr.v.
Pulv. os lepiac, . . ʒiss.
Cretæ preparata, . . ʒvj.
Magnesia carbonate, . ʒiv.
Pulv. sacch. alba, . . ʒiss.
M. ft. pulvis.—*The Dental Register.*

GALEZOWSKI'S ANTINEURALGIC FORMULA.

℞. Menthol, . . . gr. xij.
Cocaine, . . . gr. iv.
Chloral, . . . gr. ij.
Vaseline, . . . gr. lxxv.
M. ft. unguentum.
Sig.: Apply to the painful parts and cover with muslin.—*Paris Correspondent of the Pharmaceutical Record.*

SEBORRHŒA OLEOSA.

This oily form of seborrhœa is rather frequent in women, and when it affects the face, giving a shiny, greasy appearance, it is the cause of much annoyance and considerable disfigurement. All alcoholic stimulants should be absolutely interdicted. Here is a good preparation to act on the sebaceous glands:—

℞. Aloini, ... gr. iij.
Zinci oxidi, . . . gr. v.
Capsici, . . . gr. x.
Extracti gentianæ, . gr. l.
M. ft. pil. in numero xxv.
S.: Take one four times a day.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, July, 1888.

SPERMATORRHŒA AND SEMINAL EMISSIONS.

THAT there is a tendency on the part of young men of the present day to couple the occurrence of seminal emissions with spermatorrhœa, and that the belief is general that the latter condition means in substance sexual impotence, few physicians are prepared to deny. The very large number of pseudo-physicians in all of the principal cities who seem to live and thrive by pandering to this demand is an evil which calls for active opposition on the part of the regular profession. The methods of the alarmist are here seen in perfection, and no doubt the tales of woe which are unfolded are sufficient to warrant the most hopeless prospects when the medical attendant is disposed to gratify the morbid affection of those who are so afflicted. Every hospital physician is rendered familiar with the circumstances attending the course of such cases by the frequent applications which are made for relief, frequently after the funds of the unfortunate wretches have been exhausted by these sharks, who prey upon the imaginations of the sufferers; and physicians generally, who have been in practice for but a few years, can recall a series of cases of this character which have presented themselves. Some are treated successfully by moral tactics, to which is added a small amount of medicine; while others, unwilling to be convinced, drift into the channels which are calculated to lure them on to further investigation and treatment, finally ending in discouragement and possibly a species of delusional insanity. The records of our insane asylums will bear witness to the truth of this observation.

Rarely do these subjects apply to the family doctor, as they invariably should, who might give them that moral instruction requisite for resisting the tendency in human nature to brood over possible suppositious infirmities. The facts regarding physiological laws having been demonstrated, and the patient made to comprehend that emissions are not necessarily pathological and not inconsistent with perfect health, the heretofore flourishing business of quacks will have been discounted, and, besides, there will be a diminished number of bashful young men unwilling to undertake the responsibilities of marriage, and eventually the State will be the gainer, a healthier mental condition will obtain, the tendency to introspection will disappear, and the supremacy of the family physician will be maintained by methods strictly in accordance with ethics and justice.

These reflections are prompted by the circumstances connected with a case which came under observation some two years ago, and is a practical illustration of the results which may and, in fact, are likely to follow in the wake of many others who in the hands of the charlatan are doomed to disappointment. The patient in question is a young man in active business, but up to two years ago he had for a long time supposed that he had rendered himself impotent by the practice of certain indiscretions in youth, and this so preyed upon his mind that all hopes of recovery had rendered his condition anything but consoling. Treatment in this case was limited to the use of urethral sounds, for the purpose of demonstrating to him that there existed no organic stricture, and a line of medication adopted for the purpose of improving the digestion, which doubtless had become impaired through despondency; and at the end of a year both the fear and the indigestion had disappeared, and on the approach of winter he found that none of his clothes were large enough to fit him. The cure was complete.

In conversation upon this subject lately with a gentleman who is the father of five boys, we were not prepared for the outburst of enthusiasm which he displayed in dwelling upon the great need of an institution for instilling into the minds of our young men correct principles regarding sexual science. He said if he were

able to endow an institution of the kind he would trust that to immortalize his name, as it would not only be an act of benevolence, but would constitute him a benefactor of the human race.

True, this is classed as one of the avoided topics, but the subject is deserving of greater consideration than has been given it, and no one is in a better position for this purpose than the physician. In order to be useful he must act with tact and discretion, pointing out to his younger patients intelligently, and in words which are intelligible, the grand truths underlying the theory of reproduction and the punishment which follows attempts to thwart nature's laws.

HÆMATOBLASTS: THEIR PROGNOSTIC VALUE IN CHLOROSIS.

ALTHOUGH the names chlorosis and anæmia are used by different authors to express different conditions, there is a general concensus of opinion that the two may be used interchangeably to indicate a diseased or unhealthy state of the blood, and in affections characterized by impoverishment of the blood the micrometer enables us to determine the prognosis by making an estimate of the hæmatoblasts present in that fluid. The blood in anæmic persons is characterized by a diminution of the red corpuscles, and according to Professor Hayem the red globules are derived from still smaller bodies called hæmatoblasts, but the origin of these bodies has not yet been definitely determined. Readers of Dujardin-Beaumetz's clinical lectures will be very much interested in the exposition of the subject by this brilliant author. He says if we could positively decide the factors engaged in this important process it would result in a most signal gain to therapeutics, as we might then be able to direct our remedies in the line of increasing the number of the hæmatoblasts, and thus overcome the tendency to the development of anæmia, either essential or temporary. The prognostic value of the hæmatoblasts is thus briefly stated by this eminent authority: "Whenever you see the hæmatoblasts in sufficient abundance, be persuaded that by reason of the conservation of the hæmatopoietic functions you will be enabled easily to cure your patient. If there be paucity of hæmatoblasts, you will have difficulty in bringing about restoration, and the difficulty will be insuperable if the hæmatoblasts be very few."

The investigation of this subject is within the reach of every physician who is in possession of a microscope, and can readily be accomplished by using a single drop of the patient's blood, and, the decision being positive, should be resorted to as soon as the ordinary methods of treatment fail to arrest the progress of the malady.

In this connection it may be worth while to speak of the anæmia which attends upon metrorrhagia,—a condition which is not altogether uncommon, and one, too, which may be overlooked, as illustrated by a case which recently came under observation. There was not alone anæmia, but accompanying it we had to contend with œdema by reason of the flabby condition of the tissues and the incomplete closure of the heart in systole.

The remedy for this condition at present in vogue is iron, and every physician has his own preparation, both the soluble and the insoluble products being used, and recourse has been had to the hypodermic method. It is to be hoped that the future will reveal a more potent remedy than iron, although as a rule it has been successful, failure being the exception. Probably these exceptions may be limited to those cases which have not been early recognized by an examination of the blood, and it behooves us therefore to be on the outlook for the exceptional cases.

A BOOK FOR MEDICINE.

EMINENT neurologists have not scorned the medicinal benefit that lies hidden away in the leaves of a good book; but how few of our busy practitioners give much thought to the effects of literature? It is often urged that they haven't much time to give to it themselves, and that they are rarely in a position to prescribe books, not knowing, so to speak, their physiological action. This is to be regretted, but it is not such an insuperable barrier as many suppose. Just as we are

compelled, from the pressure of duties, to get "assistants" in this, that, and the other branch of work, we may get assistants in literature. The trouble is that the value of this subject is hardly understood. While the influence of literature, according to the thundering oratory of the ultra-good, is counted as a tremendous factor in the growth of sin, very little is said to its account on the side of good. This is unfair, for we contend that the much-mooted novel may be made as strong an agent on one side as it is upon the other. Dr. William A. Hammond, who is the author of some capital novels himself, is in the habit of prescribing certain books for his neurotic patients; and we understand that he goes over the papers every day to see what plays are running and which will suit special patients of his. It is a great specialist who does not despise such resources, and, with due respect for all native talent, we are inclined to believe that many a great specialist has attained greatness by not despising the little things which in themselves seem to have no bearing upon medicine.

What is "hypnotic suggestion," the wizard-remedy of France, which we are compelled, in the face of its great achievements, to accept as we do many other empirical facts?

Literature exerts a subtle mesmeric power which has a like though diminished and modified influence. The hypnotic suggestiveness of books is worth remembering and using, to serve the ends of medicine. Many a sluggish nature may be stirred to endeavor, a morbid imagination diverted, or a melancholy mood banished effectually by a good book, if the physician avail himself of what literature offers. To the medical man a patient is like a many-stringed harp, on which he may play what tune he will.

MEDICAL men in Medina, N. Y., and thereabouts, are interested in the case of Mrs. George Jackson, who survives with a broken neck, sustained by falling from a wagon. At last accounts she was able to talk, and was perfectly rational; her body below the shoulders was completely paralyzed. The doctors feared to attempt to make a complete examination or reduce the fracture, which is among the cervical vertebræ, lest it would snap the spinal cord.

MEDICAL NEWS AND MISCELLANY.

TOPEKA, KAN., wants a medical college.

IN Waldeck, Germany, a drunkard cannot legally marry.

DR. PETER MCCAHEY has just returned from a visit to Washington.

Dr. L. MASON MCCOLLIN, of Philadelphia, has removed to 1823 Arch Street.

THE Jewish Hospital, of Philadelphia, set aside Wednesday, May 30, for donation day.

DR. ISAAC BARTON, of Philadelphia, has removed to No. 111 North Sixteenth Street.

ICE introduced into the rectum is said to have frequently restored vitality in patients who had apparently succumbed under anæsthesia.

ANTISEPTICS.—The antiseptic craze still continues. Every new and very many old drugs are now described as the very best of all antiseptics.

THE death of Emperor Frederick, of Germany, is a disappointment to medical science, although to our present knowledge it could not have been avoided.

DR. J. N. LOVE, of St. Louis, is both an easy and interesting writer. He makes the St. Louis Medical Review teem with good articles from his pen every week.

AN exchange, in alluding to the theory that early rising promotes longevity, wants to know how we explain the untimely end of the worm which the early bird gets.

STARVED TO DEATH.—A London letter to the Philadelphia Press states that a parliamentary return shows that thirty-two people starved to death in London in 1887.

HE FORGOT SOMETHING.—*Doctor*—I will leave you this medicine to take after each meal. *Mike*—And will yez be koind enough to lave the meal, too, dochtor?—*Tid-Bits*.

LEPROSY IN RUSSIA.—A dispatch from St. Petersburg reports that leprosy is spreading at a dreadful rate in Russia. Thirty cases have been officially reported in Darehat alone.

DR. WILLIAM HAMMOND and Dr. Cornelius Agnew, of New York, have both been very ill, and at the time of going to press we are pained to learn of the death of Dr. Agnew.

THE Helena Independent of May 22 announced that a banquet was given in Helena the previous evening to Professor William H. Pancoast, of Philadelphia, who was on a visit to that city.

THE University of Bologna will celebrate, on June 12, the 800th year of its existence. The Emperor Theodosius II, in the year 425 A.D., is said to have founded the University, which is the oldest in the world.

NOMINATED FOR TRUSTEES. — Dr. Traill Green, Dr. John H. Packard, Dr. Charles Claxton, and Dr. Horace Williams have been nominated for members of the Board of Trustees of the University of Pennsylvania.

A SUCCESSFUL EXPERIMENT.—A woman at Clarion, Iowa, put morphine in her husband's beer to cure him of the drinking habit. The experiment was successful. In the great unknown to which his spirit wandered there will be no drunkenness.—*The Peoria Transcript.*

DR. ALFRED S. GULB, of London, England, who made the stenographic reports of the general sessions of the Ninth International Medical Congress for the Register, has removed to 29 Gower Street, Bedford Square, W. C. He writes that all American physicians will be welcome to his new home.

NEWPORT, R. I.—Our Cincinnati letter of May 19 stated that Dr. T. Courtland Parker had been selected as Secretary of the Committee of Arrangements of the American Medical Association for the meeting in June, 1889. The Secretary's name is Dr. W. T. Parker. We regret our correspondent did not give Dr. Parker's name properly in his letter.

AN HONOR DECLINED.—Dr. William Whitler, a prominent practitioner and writer, especially upon therapeutics, and author of a work on Materia Medica and Therapeutics, of Belfast, Ireland, has been offered the Commission of the Peace of the City, which he has declined. The successful physician and writer, as has been evidenced by Dr. Whitler's declination, has no time to attend to duties outside of his profession.

LYING-IN CHARITY.—At a special meeting of contributors to the Philadelphia Lying-in Charity held last month, a Board of Managers was elected under the new charter, with Dr. Ellwood Wilson as President; Isaac S. Williams, Thomas L. Gillespie, Vice-Presidents; John Little, Treasurer; John T. Ward, Secretary. A Board of Lady Visitors was elected.

It was announced that the organization is in debt to the amount of about $23,000 for the erection and furnishing of the new building at Eleventh and Cherry Streets, and the Building Committee was authorized to place a mortgage of $20,000 on the building.

DEATH OF DR. JOHN W. SNOWDEN.—On Monday, May 28, Dr. John W. Snowden died suddenly at his residence in Hammonton, N. J. For many years Dr. Snowden has been probably the most prominent member of the profession in the councils of the medical men in the State of New Jersey. He has been conspicuous by his constant attendance at all the medical gatherings of the New Jersey State Medical Society, which is the oldest in the country, as well as the meetings of the Camden county and city associations. Dr. Snowden was held in high esteem by his colleagues throughout the State as being a broad scientific worker and a most practical physician. He was honored some years ago by his State society by being made its president; and at the time of his death he occupied many prominent official positions in various medical organizations. The many friends of Dr. Snowden, both throughout New Jersey and in Philadelphia, will hear the announcement of the death of this honored member of the profession with feelings of the deepest sorrow.

A PHYSICIAN CELEBRATES HIS GOLDEN WEDDING.—Dr. Charles A. Savory and wife, of Lowell, Mass., celebrated on May 9 their golden wedding. The Lowell Morning Mail of May 10 gives a pleasing account of the fiftieth anniversary of Dr. and Mrs. Savory, It further says:—

Dr. Savory has been a physician in Lowell for forty years, and for nearly the whole of that time he has resided on Kirk Street. He was born at Beverly, this State, while Mrs. Savory, whose maiden name was Mary Stark, was born at Hopkinton, N. H. The doctor received his degree of medicine from Dartmouth College in 1835, and the honorary degree of A.M. was given him later. He practiced for 9 years at Hopkinton; then four at Warner, N. H., after which he came to Lowell. He has been an active and popular physician, highly esteemed by his fellows and all others who know him. Hs is president of the Lowell Institution of Savings.

[We might also add that Dr. and Mrs. Savory for many years attended the meetings of the American Medical Association, and made very many friends, who annually look for their presence at the meetings with much pleasure. At the annual gathering just referred to, Dr. Savory, assisted by his good, genial, and motherly wife, always took a warm interest in the young men in attendance upon the meeting. The editor has a grateful recollection of very many acts of kindness extended by this happy couple at the meetings of the American Medical Association, and he will always remember during his early struggles the assistance and advice given by Dr. and Mrs. Savory, which have been of untold value. Although late, we too add our congratulations to Dr. and Mrs. Savory.—EDITOR.]

THE Tennessee State Board of Health Bulletin attacks Dr. E. O. Shakespeare, of this city, on the ground that he failed to reply to the following letter from the President of the Board, Dr. J. D. Plunket:—

TENNESSEE STATE BOARD OF HEALTH,
NASHVILLE, May 3, 1887.

DR. E. O. SHAKESPEARE,
Philadelphia, Pa.

DEAR SIR: By to-day's mail I send you a marked copy of December Bulletin. That the greatest good may be made to follow your suggestion therein alluded to, I have determined to ask—if it be not too much—that you prepare for publication in Bulletin, specific directions, brief but clear, as to the mode of procedure, step by step, etc., in detecting the comma-bacillus; the same to be carried out by the average practitioner of medicine, or health officer, in the event of a suspicious "first" case of cholera occurring in Tennessee during the approaching season. The great value of early differentiation of cholera Asiatica from cholera morbus, etc., cannot be overestimated, and if the means to that end can be so simplified that an average practitioner can apply successfully the same, a great work will indeed have been accomplished. Trusting that you may consider favorably the request made, I am, sir, with great respect,

Your obedient servant, J. D. PLUNKET.

The writer of this letter is evidently behind the times; so far, perhaps, that Dr. Shakespeare gave up his case as hopeless.

THE OHIO STATE MEDICAL SOCIETY.—The forty-third annual meeting of the Ohio State Medical Society was held at Columbus, Ohio, June 13, 14, and 15. The following written communications were read:—

Radical Cure of Hernia (with exhibition of cases), D. F. Allen, Cleveland; Radical Cure of Hernia, A. W. Ridenour, Massillon; Contagiousness of Disease, H. J. Herrick, Cleveland; The Treatment of Acne, B. M. Ricketts, Cincinnati; Ergot, and its Uses in Labor and Uterine Hemorrhage, D. H. Brinkerhoff, Fremont; Malpractice Suits, P. S. Conner, Cincinnati; An Experimental Demonstration of the Value of Gaseous Enemata in the Diagnosis of Perforations of the Intestines, and their Repair by the Rubber Ring and Decalcified Plate Method, R. Harvey Reed, Mansfield; The Therapy of Tuberculosis, J. T. Whittaker, Cincinnati; Tubercular Diathesis, W. C. Chapman, Toledo; Four Cases of Diabetes Mellitus, which I did not cure, W. J. Scott, Cleveland; On the Consequence of Acute Suppuration of the Middle Ear, with Special Reference to Opening the Mastoid, A. R. Baker, Cleveland; Laparotomy for Rupture of Uterus, with Report of a Case, Chas. A. L. Reed, Cincinnati; A Paper by J. W. Hamilton, Columbus; Treatment of Fibroid Tumors of the Uterus by Electrolysis, as advised by Apostoli, A. B. Carpenter, Cleveland; The Importance of the Early Recognition of Glaucoma, H. P. Allen, Columbus; The Value of Eye Symptoms to the General Practitioner in Diseases of the Nervous System, C. W. Tangeman, Cincinnati; Diseases of the Skin due to Defective Alimentation, W. T. Corlett, Cleveland; Two Cases of Ectopic Gestation, and Excision of Upper Jaw for Bony Tumor, W. D. Hamilton, Columbus; The Painless Treatment of Rectal Diseases, H. M. Brown, Hillsboro; Indigestion, J. U. Barnhill, Columbus; Infant Feeding, W. S. Christopher, Cincinnati; A Case Illustrating the Relation existing between Diseases of the Eye and Nose, C. F. Clark, Columbus; The Treatment of Pott's Disease, with Cases, H. Longstreet Taylor, Cincinnati; Elastic Extension in the Treatment of Chronic Inflammation of Joints, S. L. McCurdy, Dennison; A Rare Case of Orbital Tumor, J. W. Wright, Columbus; Some Interesting Cerebral Lesions as Revealed by Post-Mortem Examinations, and a Study of their History and Symptoms, R. Harvey Reed, Mansfield.

THE TEXAS HEALTH JOURNAL.—Beginning in July, this publication of thirty-two pages will make its first appearance.

The Journal, the prospectus adds, will be devoted exclusively to the science of health, keeping constantly before the public mind such rational principles of sanitation and dietetics as experience and observation have taught are conducive to the health, happiness and comfort of a people. It is an indubitable fact that the wealth of a nation depends upon its health; and without the latter the former can never be attained. Numerous instances in history are not wanting to substantiate this fully-recognized fact. Besides, this is beautifully illustrated in the conservation of the physical forces, demonstrating the law which teaches us we can only return in vital energy that which we have stored in our bodies, by the application of physiological processes.

A diffusion among the masses of scientific teaching as to what these "physiological processes" consist in is the legitimate aim of the Texas Health Journal. The contributions and editorials from medical gentlemen of the highest rank throughout Texas, the United States and Europe will, in a manner, revolutionize the reckless way in which the people of the Southwest disregard the common laws of life and health. Each issue of the Health Journal will contain the sifted gems of advanced medical thought, which, if followed, will save medical fees, and bar untold pain resulting from ignorance and neglect. In this sense of the term the journal will be a medical magazine of the highest merit, but from another stand-point it will not, since medical subjects will be brought within the scope of every one, by dispensing with, as much as possible, the technology of medical science, thereby rendering the subjects treated of fully comprehensive to all.

There is no publication of this kind in the great State of Texas, and therefore the opening is a big one. This is the only opportunity ever offered the people of Texas to receive, fresh from the press each month, the great fundamental laws of life and health and how to preserve them.

A full corps of associate editors and collaborators will aid Dr. J. R. Briggs, the editor, by furnishing able reports from all sections of the State.

THE STATE MEDICAL SOCIETY OF ARKANSAS.—The following resolutions were adopted at the thirteenth annual session of the State Medical Society of Arkansas, held at Fort Smith, April 25, 26 and 27, 1888, and ordered to be furnished to the American Medical Association, the medical and religious press, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors:—

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically, That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consumption, cancer, Bright's disease, and other incurable ailments, to which an editorial indorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of fœticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further, That it has been the well-known custom of the profession to render services gratuitously to clergymen, which we do not regret nor do we propose to recall, yet we must assert that the frequent occurrence of indorsements and recommendations of the clergy of peripatetic doctors and advertising charlatans has in many instances been the only reward of our gratuitous services.

Resolved, further, That we are aware that the editors of religious newspapers admit the painful situation in which these advertisements put them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but, in the language of orthodox theology we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That, as a Society, we declare that the continued perpetration of the above offenses by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

Resolved, That the Secretary be instructed to furnish copies of these resolutions to the religious and medical press of the United States, to the American Medical Association, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors.

Very respectfully,

L. P. GIBSON, M.D., Secretary.

TOO MANY DOCTORS.—The suggestion of Dr. Garnett, President of the American Medical Association, in regard to the excess of doctors graduated, is receiving general approval outside of medical circles. The New York Sun approves the idea, and now the Chicago Tribune also agrees to it, as follows:—

"The recommendations of Dr. Garnett, President of the American Medical Association, in its session at Cincinnati, must meet the approval not only of the medical profession, but of the general public. The training of physicians in the United States is deplorably inferior to that required in older countries. It is true that the ancient requirements of a collegiate course, with its antiquated thumbing of classics, which still constitutes an inexorable rule in many parts of Europe, would not find wide welcome in this country. But it is indisputable that even such a requirement, with the added five years of study and hospital practice, is better than the gross laxity of admitting to medical colleges callow youth without preliminary study or examination worth mention, and after two or at the most three years of instruction, six months in each year, giving them certificates to experiment upon the health and lives of communities."

On this point, the excess of doctors and the turning out on the world of an immense number of young men as M.D.'s, all agree; the only difficulty being how to prevent it.

Dr. Garnett recommends that uniform State legislation be secured making four years of study indispensable for a medical certificate, and that the charter of any school graduating more than fifty doctors a year be revoked. He also recommends that uniform conditions for admission to medical colleges be adopted; and he would require some knowledge of the classics in the preparatory education.

We quite agree as to the study that should be required to make a good doctor; but is not the provision against any college graduating more than fifty doctors in one year illogical? Would it not operate against the higher colleges, where the medical students are likely to congregate, and where the course of instruction is most com-

plete and thorough? This is a matter which we cannot but think worth investigation before action; but that some action should be taken to elevate the medical profession, and to assure us that those caring for our health and lives are capable of doing so, none can doubt. With the suggestions made by Dr. Garnett it is probable that the medical fraternity will take up the subject, and endeavor to secure more uniformity of legislation. As it is, a dozen standards exist, and men are admitted to practice who graduate from colleges where a few weeks' study is sufficient for the degree of M.D.—all that is needed to give them charge of our health and our lives. That something has not already been done in the matter, the doctors have themselves largely to blame. Had they seriously pressed a proposition such as Dr. Garnett now makes, much of it would have been granted long ago.—*New Orleans Times-Democrat.*

Removal of Needles from the Heart.—The Central. f. Chirurgie contains the following account of a case of Stetzner's, communicated to the German Surgical Society: A student, after a spree, sought to commit suicide by driving a sewing needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out, and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the finger-nail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and, in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any further attempt at its removal; and besides this an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from a severe pneumo-thorax, with copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exudation. Where the needle now is is, of course, mere matter of speculation; it may be in the heart, or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium is mentioned in medical literature.

In the discussion upon the paper, Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal mammillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn, it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sac, which in some cases of punctured wound of the heart has been the cause of death. Von Bergmann said that he thought there could be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and when completely removed the murmur ceased entirely.—*Pacific Med. and Surg. Journal.*

Action of Carbolic Acid.—Carbolic acid is a superficial escharotic; when first applied to the skin or mucous membrane, it produces a burning sensation of a short duration, and a whitish eschar is formed; the eschar being very superficial. It is also a local anæsthetic of some value, reducing the sensibility of the part to such an extent as to allow of free incisions, almost without pain.

It is said to be very destructive to the bacterial forms of life.

I have used it in combination with iodine in typhoid fever frequently, with good results. It is used in various ointments, and when combined with iodoform destroys the unpleasant odor of it, thus enabling us to prescribe that very important drug without being so offensive to our patients. It is used to arrest certain kinds of vomiting. It

is a good disinfectant, and is used as an antiseptic by many of the most successful practitioners.

But I desire to call attention more especially to its properties, or power of arresting acute adenitis and the various glandular enlargements, arresting or dispelling them almost immediately.

I have recently had an opportunity of testing its utility in this line, by using it as a local application in six cases of syphilitic bubo.

The first case was a boy, sixteen years old, who called at my office, Oct. 5, 1887. On examination I found a soft chancre on the prepuce; no constitutional symptoms; noticed enlargement in right groin five days before calling on me. It was, at my first examination, half as large as a hen's egg. Prescribed subnitrate of bismuth and iodoform to be dusted on the chancroid. In about six hours made a second application. I bade him call the second day, and found the glandular enlargement entirely gone.

Second case, a man, twenty-three years old, a laborer, called on me October 17th, having a well-defined, hard chancre, constitutional symptoms, enlargement in right groin nearly as large as a hen's egg. I prescribed the usual treatment, and applied the carbolic acid to the bubo. I had him call again in four hours, and I made a second application of the carbolic acid. On third day had him call again; found bubo had gone on to suppuration; evacuated the sac and dressed with antiseptic cotton and vaseline, and had him call every day for redressing. In a week the bubo had ceased to discharge and the wound was healed.

The next three cases were all similar and less important, the chancres being soft and the enlargements had only existed a few days, being very small; applied the carbolic acid locally and had no further trouble with them.

The sixth case, however, which came to me November 21st, is a very interesting one. A man, thirty-two years old, had gonorrhœa and syphilis both; had a well-defined, hard, indurated chancre; had enlarged cervical glands, also glandular enlargement in left groin. I tried the iodine and compress, etc., for the inguinal gland, but it continued to enlarge for about eight days. The enlargement was about the size of a hen's egg. On examination, I found it so near the point of suppuration, that I was unable to say positively whether suppuration had begun or not. I decided to apply the carbolic acid and give it a last chance, any way; applied it with a camel-hair brush; had patient return in one hour, and made a second application, and a third one in another hour, and ordered him to lie quietly that day and night; saw him the next morning, and you could not have told from any enlargement that he ever had a bubo. The swelling had entirely disappeared. It had proved a very efficient blister, too, as the epidermis was entirely gone from the site of application, I dressed it in the ordinary way; have seen patient several times recently, and he seems entirely well.—*Progress.*

Occlusion of Common Gall-Duct and Difficulties in Diagnosing Cause of Obstruction.—Mr. R., æt. 62, gentleman farmer, came to me with a letter from his ordinary adviser. History: "For years the patient has been suffering from dyspepsia of the most severe and varied character, the pain and sickness after eating solid food being so marked as to cause one to suspect ulcer of the stomach. These symptoms would gradually subside, to be replaced by the most violent frontal headache, which lasted from twenty-four to forty-eight hours, and this again was followed by bilious vomiting, accompanied with severe spasm of gall-duct, followed by jaundice. Latterly he has been losing weight, has become very much depressed and enfeebled, and, as he has not responded to any of the remedies prescribed, I have advised him to pay Harrowgate a visit, and see what its waters can do for him under your advice." Ulceration of stomach, cancer of pylorus, cancer of liver and gall-stones had all in turns been supposed as the possible condition of this patient. After his arrival, for three days he improved in every respect,—appetite, strength and sleep,—but at the end of the third day he fairly broke down; spasm of gall-duct, vomiting, prostration; could retain neither food nor medicine; matter vomited passed from light yellow to coffee brown, and then became quite black; stools ditto. On examination I found the liver two and a half inches below ribs, and left lobe especially full and tender on pressure; pulse, 120; temperature, 102.3°; complained of intense thirst and intolerable heat. I applied hot poultices to liver and stomach, abstinence from all food, giving nothing but ice; one-fourth grain morph., one-sixtieth grain atropia, hypodermically. This put a stop to both pain and vomiting. I then ordered one-fourth grain morph. with one-half grain hyd. iod. vir., every four hours. His condition looked extremely grave, and I fed him on Brand's essence of chicken peptonized, with iced champagne; hot-water bags were kept over liver constantly. At my evening visit I thought he would be dead before morning; to my surprise he was better, and of his own accord had asked for and drank two half-pint glasses of hot sulphur-water. This had acted freely, bringing away a quantity of glutinous, pitchy-looking matter. I stopped the hyd. vir. All day he, at intervals of from two to three hours, passed the same kind of motions, to the relief of all his symptoms. He began to ask

for strawberries and cream, and for two or three days he took little else. After that I put him on No. 2 koumiss; this he enjoyed and drank freely of. Each morning he had his purge of sulphur-water, and he gradually got well, or rather, I should say, resumed his usual condition as a dyspeptic. The grave symptoms in this case arose from long-standing biliary retention, involving chemical changes in the pent-up secretion, acting as a poison; at all events, that is my solution of this singular case.

Mrs. D., dark complexion, went to Brighton to reside some two years before I saw her. All the time she remained there she never felt well; her appetite failed her, or was capricious; she felt feverish, out of sorts and depressed; had steadily lost weight; was often so drowsy she could scarcely keep awake during the day, and at night she was fidgety and restless. Here I may remark that I have frequently observed the same symptoms develop in people of Mrs. D.'s temperament whenever they visit the seaside. Tongue foul, breath most offensive, sickness constant, skin jaundiced; slight hemorrhage from nose, gums and lower bowel; liver enlarged and tender; has had three attacks of jaundice, preceded by great pain above umbilicus. Was treated for gall-stones; none ever discovered. The symptoms were so like those of former case I jumped to the conclusion that it was identical. Put her on mercury (calomel) with a little opium for two days. On the morning of the third I ordered the sulphur-water, warm, in full doses, and the result was a copious discharge for days (seven, I think) of the same dark, sticky, pitch-like stuff. Here I had little difficulty to contend with; all the symptoms which had so long troubled her gradually disappeared, and the liver resumed its normal condition.

Mrs. A., æt. 52, had, for above twelve months, been in failing health; during that time she had been more or less confined to bed, on account of the impossibility of her wearing ordinary clothes, as anything the least tight around the waist caused pain and sickness. The liver was easily mapped out, and its lower margin was three and a half inches below the ribs; the surface felt nodulated, or, more correctly speaking, uneven; there had been frequent but slight bleedings from the nose and gums. She had been jaundiced several times, but to no great extent; her mucous membrane had been more or less irritable, and there had been constant nausea, pain under right shoulder and great acidity; she looked cachectic as well as anæmic; no fever; tongue flabby, irritable, white fur at back; urine loaded with uric acid crystals; stools light colored and offensive. She was supposed to be suffering from malignant disease and occlusion of gall-duct. I confess I took the same view, and for weeks absolutely refrained from treatment. The patient, at the end of two months, was, I thought, rather better than worse, and the liver had certainly diminished perceptibly in bulk, and the nodules were, on careful examination, no longer felt. Then I determined to adopt a more active course, and prescribed at night pil. Plummer, with Carlsbad salts following morning. At the end of a fortnight there were decided signs of improvement, bile appearing in fair quantity in the motions, less acidity and tenderness. Continued same treatment for a fortnight longer, when I put her on full doses of quinine, with the best results, convalescence. I had the satisfaction of telling her family that I had, at first, been completely at fault in my diagnosis, and that, instead of suffering from cancer, she had been the subject of chronic congestion. I should add that for weeks I employed a liver pad, saturated with nitro-hydrochloric acid lotion, almost constantly, and that I dieted the patient most strictly, allowing only the simplest forms of nourishment, and no stimulants whatever. This patient could not bear the smell of sulphur-water.

Mrs. G., æt. 75, began to complain of nausea and bitter taste in mouth, in September, 1886; this continued till October, when she was attacked with violent hepatic colic; great tenderness of right hypochondrium, anorexia, jaundice; urine full of bile; stools quite white. Notwithstanding all these grave symptoms, the old lady would go about, attend to her domestic duties, and do just as she liked. The usual remedies were had recourse to, without any result. Every ten or twelve days she had a renewal of colic, pain in the liver and increase of jaundice. This went on till end of January, 1887, without much loss of flesh, although she had to live almost entirely on mild and farinaceous foods. All this time the excreta were carefully examined; the stools never contained any concretion, and never showed a trace of biliary pigment; she was so stout that I could not ascertain the physical conditon of the liver, and was utterly at sea as to the etiology of the case. I had given every medicine I could think of, tried every mineral water in turn, and at the end of the fourth month the patient was the same as when I first saw her. One thing I had not tried was bed; so there I put her and kept her, having no hope of recovery. The room was kept at the temperature of 60° Fah. One of the most painful symptoms in this case was flatulence, and for this I prescribed a pill, with pepsin porci, manganesii sulph., each 2 grs.; ext. nux. vom., gr. ¼, one thrice a day. In about six weeks the motions began to show some bile; this gradually increased, the skin

and urine cleared, and about the middle of April the patient was perfectly well and going out daily. This was evidently a case of chronic catarrh, and, considering the age and obstinacy of the subject, a very singular one too. She maintained that the pills cured her; I, that it was the uniform temperature and bed.

Mr. S., æt. 60, when perfectly well in July, 1886, was caught in a thunder-shower, drenched to the skin, and remained for two hours in his wet clothes. Next day got up, feeling well, ate usual breakfast; two hours after was seized with intense pain in gall-duct; then followed cramp of stomach, which was only relieved by an emetic of mustard and hot water. In twelve hours jaundice—the liver becoming gradually more and more congested and painful, with high fever, intense thirst, and great prostration. Calomel and opium, with ipec., were given; hot stupes over liver. The motions became as white as milk; gall-stones were suspected and carefully looked for, but none found, as the liver was distinctly felt considerably enlarged and tender. Smart purging was enforced, with the greatest benefit, and in a week Mr. S. was doing work. Four weeks after first attack he had a second, clearly brought on by his having, whilst hungry and exhausted, partaken of unwholesome food. All the symptoms returned exactly in the same order, but with increased force; two doses of calomel of three grains gave rise to fœtor, spongy gums, and slight salivation. Purging was again resorted to, and the more he was purged the stronger and better he felt. For a week the stools remained quite white, the urine like porter, then gradually things came right. I have brought this case as a contrast to the preceding one, it being as good an example of acute catarrh as the other was of chronic.

I might multiply cases easily, but shall end this paper by one or two practical remarks on certain premonitory signs of liver disorder. First, I have observed an almost constant metallic taste, and that with this coppery taste they have very commonly noticed that their linen was dyed orange color by their urine. Second, that a common sensation was an unnatural craving for food when there should have been no such a desire, —shortly after a meal. This was so intense it amounted to gnawing, and must be satisfied. Third, every one knows how the temper is affected by the state of the liver, but the mental faculty which is most inconvenienced is the memory, as regards matters important and trivial. The last symptom I shall name is a sense of weariness and weakness in the muscles of the lower extremities; they feel quite unequal to the most moderate work, and after it ache as if they had been overstrained the day before. As regards treatment I pin my faith to mercurials, saline purgatives, diet and warmth. Of all purgatives I prefer natural mineral water, and, whilst admitting the power and value of many of the foreign springs, after much experience of their use, I can, with perfect good faith, affirm that the strong sulphurous springs and baths of Harrowgate are administered, in the great majority of functional disorders of the liver and digestive organs, with quite as much success and lasting benefit as those of any country. — ANDREW SCOTT MYRTLE, M.D., *in Provincial Medical Journal.*

THE MOST IMPORTANT ANTISEPSIS. — The healthy human organism may within certain limits be considered an apparatus for self-disinfection. Innumerable quantities of germs surround, pervade, and pass through it without leaving any appreciable trace of their contact. Fortunately, not all of these germs are virulent; many of them are inocuous, and even the dangerous ones vary in degrees of harmfulness.

In the light of recent bacteriological researches we are justified in assuming that most of the constitutional diseases are due to infection by some characteristic bacillus, but it would be erroneous to infer that every one of these bacilli, by its invasion of the human system, in each individual case produced the characteristic systemic disturbance of which it is known to be the cause. Could all these invisible hordes of tormentors and slayers enter the system at the point of attack, then our populous cities would be but vast hospitals, and no single individual would reach the number of years which now constitute the prime of life.

A healthy and well-nourished body is endowed with great powers of resistance to the action of most, if not of all, species of bacilli, thus rendering itself aseptic by virtue of its own healthfulness. A few references to actual experiments will suffice to show the correctness of this view. Professor Traube experimented in 1876 by injecting a quantity of pus into healthy dogs. After twenty-four hours he found no trace of it in the system; his results, however, were different when the quantity was increased. Dr. Trudow inoculated fifteen rabbits with tubercle bacilli; ten of them, which were kept in damp, impure air and on improper food, developed tuberculosis. The five others were permitted to run about in good, pure air, and were well nourished; of these, only one died of a resultant tubercular affection, and four remained well. The experiments of Brown-Séquard, which were made before those of Dr. Trudow, yielded still better results, since of all the animals inoculated with the tubercular virus not one was lost. He ascribed these results to their being kept in a well-aired, open place, supplied with abundant nutriment.

In patients who had only recently developed symptoms of phthisis, Brown-Séquard, Stokes,

and Blake aborted the disease by the same treatment of saturating the system with pure air and good food. It must be apparent, therefore, that the power of self-disinfection depends chiefly upon two factors: 1. Thorough impregnation with oxygen of the air. 2. Generous alimentation. These agents must be relied upon to give to the blood that richness, vitality, and vigor which enable it to ward off an invasion of bacterial foes, and by the aid of which they can be most speedily repulsed and driven from the system, even though they have entered the circulation at a vulnerable spot. In addition to these two important factors, several other hygienic requisites must not be overlooked, such as congenial temperature, sunshine, clean dry soil, pure water, moderate exercise, etc., all of which are valuable as accessories to produce the full beneficial effect of pure air and abundant food.

The power of self-disinfection is greatly impaired whenever a serious illness, aggravated by febrile symptoms, takes possession of the body, but it is gradually restored when the illness subsides. Of all the duties of the physician none is more important than to aid the prostrate organism in its struggle to recover the lost power of self-disinfection, not only by antiseptic chemicals, which are of excellent service wherever their application is admissible, but also by surcharging the system with pure air and nourishing food.

Trite as it may seem, I cannot abstain from dwelling upon the necessity for thorough instruction of the attendants in the detail of this work, particularly if the nurses lack professional training. If the physician will explain that all discharges must be quickly removed and all vessels disinfected; define the details by which, according to the location of the sick-room, the most effective ventilation can be accomplished without exposure of the patient; take the trouble to lay down strict rules of what and how much the patient must eat and drink during stated intervals; and insist upon having a full record kept of the food ingested, he will find himself amply repaid, both by the better condition of his patient and the clearness with which he can trace the effect of his treatment. I do not mean that the rules as to particular articles of diet must be inflexible; on the contrary, considerable latitude must be allowed in this respect according to the circumstances, the age, and peculiarities of the patient. But it is necessary that such food be selected as is most nourishing and digestible, and that a fixed minimum quantity be prescribed for ingestion during every twenty-four hours, at least during the critical periods of the disease. Up to within a few years ago the physician was almost powerless to nourish his patient during those periods when the stomach, weakened from fever and suffering, rebelled against its work. Indeed, it is pitiable to think how many lives have been lost from sheer lack of some food which the enfeebled digestive apparatus could prepare for assimilation, so as to tide over the dark hours of the struggle and put the exhausted organism once more on the road to health—to a gradual and complete self-disinfection. But of late years a most important weapon in defence of human life has been placed in our hands with the invention of peptonized foods, particularly that class of preparations known as "beef peptones." Unlike the ordinary meat extracts, they contain not only the stimulating portions, but also the nourishing, life-sustaining albuminoids of the beef in the predigested form known as "peptones," in which they are nearly ready for immediate absorption and assimilation. Thus they combine the two cardinal requisites for reconstruction of tissue: highest nutritive value and greatest digestibility.

Unfortunately, the great body of the profession fail to recognize the importance of peptones for the prevention of the marked loss of tissue in prolonged febrile movements and in other conditions in which digestion is impaired. Having used beef peptones (generally Rudisch's "sarcopeptones") in a great number of cases during the last four years, particularly in typhoid fever, dysentery, cancer of the stomach and rectum, phthisis, scarlet fever, diphtheria, anæmia, vomiting of pregnancy, gastric troubles of all kinds, nervous dyspepsia, Bright's disease, ulcers of the stomach, peritonitis, and cholera infantum, I have come to the conclusion that beef peptones are more nutritive than milk, that the stomach retains them when it tolerates no other food, that infants and aged people can be nourished by them when milk is rejected, and that there is no therapeutic or dietetic agent which in disease will repair bodily waste as quickly, as effectually, and with as little assistance by the digestive organs as beef peptones. I am confident that in many of my own cases, both of children and of adults, a fatal termination has been averted by the timely use of beef peptones.

Appreciating the fact that good air and good nourishment must be chiefly depended upon to check the destructive work of bacilli in the living organism, and possessing in beef peptones a valuable agent to support vitality in the decisive hours of this mighty contest, I now assume charge of the most serious cases with a feeling of greater power and usefulness than heretofore. The records of my case-book will bear out my belief that by a more general adoption of these views and of the dietetic agent mentioned, many valuable lives could be saved or prolonged.—L. BARKAN, M.D., Brooklyn, in *New York Medical Journal*, May 12.

"THE conditions formulated by the Committee on Infants' Foods at the American Medical Association are approximated more nearly by Carnrick's Food than by any other with which we are familiar."—ED. NOTE, *Phila. Med. Times.*

COMMENCING with this (July, 1888) number, Mr. S. C. Berger assumes the business management of this journal. Advertisers are requested to address all communications and remittances from and after this date to him, care THE MEDICAL BULLETIN, 1231 Filbert Street, Phila.

TRIBUTE TO DR. LEWIS A. SAYRE.—On the natal day of the eminent physician and surgeon, Dr. Sayre, of New York, February 29, 1888, one of his friends presented him with an elegant book, "Masterpieces of Modern Painters," containing engravings from well-known pictures, with the following poetical tribute:—

Accept this book, dear Dr. Sayre,
To celebrate your birthday rare,
For natures grand and great as thine
Can have but two birthdays in nine;
For men so full of skill and cheer
As you—are not born every year.

No instrument more bright and keen
In any case, was ever seen
Than thy bright wit, as sure to last
As in the strongest plaster cast,
Fitting as well in every place,
To add to human form new grace.

Your science makes the crooked straight,
From heavy-laden lifts the weight,
Blesses the sorrowful and ill
With open purse and wondrous skill,
Uplifts the lowly, leads the lame,
And crowns you with a noble fame.

So when, in after time, you look
Upon the pictures in this book,
May sweetest thoughts around you gleam
As charming "as a poet's dream."
Wishing you blessings without end,
I sign myself your faithful friend. M. G.

—*The Bayonne Herald.*

HÆMORRHOIDS.—Dr. T. W. Poole gives vent as follows in the Canadian Practitioner: The piles! Aha! I knew them well, each feature, though I may not see 'em; old foes, which fume and fret, and swell and vex and plague my perineum. You blush at mention of a "pile," and would, perhaps, the theme avoid; well, then, suppose, to put on style, we call the thing a hæmorrhoid. Though bearing an ill-omened name, it seemed as if they might not pain us, when first, as visitors, they came and took up lodgings in the anus. But now at each succeeding bout the pelvic pains appear distincter, and there can be no longer doubt of their relations to the sphincter. You ask me by what obvious signs one may with certainty detect 'em. Well, I can only say that mine are like a hornet in the rectum, which, having wandered from the way, and angry at the situation, stings right and left while yet it may, and tortures me in defecation. "Avaunt! it is a vulgar rhyme." Yet stay, there must be means to cure 'em. Oh, yes, if you but give them time, and meantime patiently endure 'em. There are a thousand cures, you know, all certain sure, as dead-shot candy. 'Tis well to buy a score or so and lay them by to have them handy; and when the hornet's rage is spent and things assume their wonted quiet, the cure, though it may not prevent, will quickly quell the painful riot.—*Medical Age.*

Owed Teucrium Scordium.—How slick and cool in Dr. Poole, to run a rhyme on hæmorrhoids? The red-hot shot that he has got, has prompted him and all his kin, their best attempts to them avoid. To ease his pain, advance his gain, relief we may accord him. Upon the spot which is so hot, and makes him fret and some times sweat, apply the Teucrium Scordium. A powder fine, if good and prime, the days are shortly numbered, when he will grin and lively spin, free from the foe, to come and go, no more with piles encumbered.

Alas! the day I found the way, how many have I trusted? My praise is sung on every tongue; from lip to lip, so goes the tip, and every pile is busted. In capsule clean, with lanolin, preserve the ointment nicely. Insert at night; each weary wight in sweet repose his eyes will close: you have the plan precisely. No more to say upon this lay; the muse is nigh exhausted. Whoever tries if virtue lies in easing man by this new plan, will kindly keep me posted.

DR. JOHN AULDE, Philadelphia.

INHALATIONS OF HYDROFLUORIC ACID IN PHTHISIS.—Several French physicians have been trying the effects of inhalations of hydrofluoric acid gas in the treatment of pulmonary tuberculosis. Several methods of administering the gas have been suggested. Probably the simplest form is that brought before the Therapeutical Society of Paris by M. Constantin Paul. M. Paul uses an ordinary wine bottle, containing a solution of fluoride of ammonium of the strength of two parts to a thousand. The bottle is closed by an india-rubber stopper with two holes, through which pass two glass tubes, one of them passing nearly to the bottom. The patient is directed to take from fifteen to twenty deep inspirations, and the acid smell of the acid is distinctly perceptible in the expired air. In this way the patient not only derives benefit from the powerful antiseptic qualities of the vapors, but he exercises the lungs. M. Paul is unable to explain how the gas comes into contact with surfaces which are protected by mucus, but he claims to have met with considerable success in several severe cases of pulmonary excavation and bronchiectasis. Under this treatment patients regain flesh and strength, and the malady appears to be arrested for a time in its course.—*British Medical Journal.*

THE following is the official list of changes in the Medical Departments of the United States Army and Navy:—

U. S. ARMY.—Official list of changes in the stations and duties of officers serving in the Medical Department, from May 22 to May 28, 1888:—

Col. Chas. Sutherland, Medical Director. To inspect the Medical Department at St. Francis Barracks, Fla.; Ft. Barramas, Fla.; Mt. Vernon Barracks, Ala.; and Jackson Barracks, La. S. O. 100, Div. Atlantic, May 19, 1888.

Major J. P. Kimball, Surgeon. Leave of absence extended 2 months. S. O. 117, A. G. O., May 21, 1888.

Capt. S. G. Cowdrey, Asst. Surgeon. Ordered to accompany the troops of the 16th Infantry from Ft. Bliss, Texas, to Ft. Douglass, U. T., as medical officer. Will return to his station upon the completion of said duty. S. O. 54, Dept. Tex., May 19, 1888.

Capt. George McCreery, Asst. Surgeon. To accompany 7th Cavalry from Ft. Meade, D. T., to Ft. Riley, Kan. From Ft. Riley he will return to Ft. Meade. S. O. 42, Dept. Dak., May 17, 1888.

Lieut. R. S. Robertson, Asst. Surgeon. Will accompany from Ft. Keogh, M. T., the 5th Infantry to the department of Texas, returning to his station on the completion of the duty. S. O. 43, Department of Dakota, May 18, 1888.

1st Lieut. C. B. Ewing, Asst. Surgeon. Will accompany the 22d Infantry, as medical officer, to the Department of Dakota, returning to his station on the completion of the duty. S. O. 56, Department of Missouri, May 17, 1888.

1st. Lieut. W. B. Barrister, Asst. Surgeon. Granted leave of absence for 2 months, with permission to apply for an extension of 27 days. S. O. 119, A. G. O., May 23, 1888.

NAVY DEPARTMENT.—Changes in the Medical Corps of the U. S. Navy for the week ending May 26, 1888:—

P. A. Surgeon S. H. Dickson. Detached from the Receiving Ship "Dale" and ordered to Marine Barracks, Washington, D. C.

P. A. Surgeon F. S. Nash. Ordered to the Receiving Ship "Dale," in addition to present duties.

Surgeon Melancthon L. Ruth. Granted one year's leave of absence from date.

U. S. MARINE HOSPITAL SERVICE.—Official list of changes of stations and duties of medical officers for the three weeks ended May 26, 1888:—

Walter Wyman, Surgeon. Leave of absence extended 14 days. May 22, 1888.

G. M. Magruder, Assistant Surgeon. Relieved from duty at Marine Hospital, Chicago, Illinois, detailed as medical officer Revenue Bark "Chase" during summer cruise. May 19, 1888.

BOOK REVIEWS.

First Steps in Electricity, designed for the Entertainment and Instruction of Young People at Home and in School. By CHARLES BARNARD. 16mo., pp. 133. New York: Chas. E. Merrill & Co., 1888.

This little work is the best popular guide for the young that has yet appeared. Every family should number it amongst their scientific books. The experiments are good, conclusive, and easily worked.

Aerztlicher Almanach, Illustrit. Herausgegeben von Med. By DR. ADOLF KALLAY, Brunnenarzt in Karlsbad, etc. Seventh year. Wien, 1887. Braumiller & Sohn.

We are in receipt of this little volume; essentially a physician's diary, or what we in this country call a visiting pocket list. While the book contains many items of interest, such as biographies, sketches, information relative to drugs, weights and measures, etc., compared to the books of the same class published here, it is immeasurably below their standard. It is neither compact nor neat. Its arrangement is crude, and its covers gaudy,—all qualities, in short, that should commend it for the pocket are herein wanting. Our German *confrères* should look up some American pocket lists before publishing any more of their own.

A Compend of Human Physiology: Especially Adapted for the Use of Medical Students. By ALBERT P. BRUBAKER, A.M., M.D., Demonstrator of Physiology in the Jefferson Medical College; Professor of Physiology Pennsylvania College of Dental Surgery; Member of the Pathological Society of Philadelphia. Fourth edition, revised and enlarged, with illustrations and a table of physiological constants. 8vo., pp. 174. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St., 1888.

In the little volume before us we find an excellent, concise description of the subject, prepared especially for the medical student. Dr. Brubaker's long experience as quiz-master and teacher has assuredly been the main factor in the successful compilation of this little book. He is undoubtedly so familiar with the weaknesses of the students in their several directions that particular stress has been laid upon such subjects with the view of elucidating such matter for them. The volume is unquestionably one of the best of the series, and this the second edition will undoubtedly attain as great, if not a greater, popularity than the first enjoyed. The publishers have done all in their power to make the book successful. The print and paper are excellent, and the illustrations would be creditable in a volume of greater pretensions.

A Guide to the Practical Examination of Urine, for the Use of Physicians and Students. By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Sixth edition, revised and corrected, with a colored plate and wood engravings. Cloth, 12mo., pp. 253. Philadelphia: P. Blakiston, Son & Co., 1888. Price, $1.50.

When the work of a well-known and highly respected author has reached a sixth edition, the labor of the reviewer is merely perfunctory, and is usually limited to a *résumé* of the changes effected by the last shake-up; but Dr. Tyson's work, by reason of its thoroughness and adaptability to the wants of the rising generation of doctors, is entitled to more than ordinary consideration. Urinary analysis has become one of the most important factors in the treatment of disease, more especially the cases which usually fall into the hands of the general practitioner; and in many instances where this simple procedure has been omitted, the attendant finds, when too late, that his patient has undergone a vast amount of needless anxiety and pain, and possibly has exchanged him for a physician possessing a more investigating turn of mind. A complete, convenient, handy, and reliable table-book like this will preclude the possibility of such an unhappy *denouement.* But, more than this, it will tend to preserve the life and secure the happiness of many who come under our ministrations in the hour of need. Buy, read, study, and work by it, and you have, perchance, acquired the shibboleth of success.

Lectures on Diseases of the Heart, delivered at the College of Physicians and Surgeons, New York. By ALONZO CLARK, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, etc. Cloth, 8vo., pp. 251. New York: E. B. Treat, 1887.

Dr. Clark is better known in this country, and probably abroad, as the advocate of opium in peritonitis, than as the Professor of the Practice of Medicine; and no doubt several thousand physicians throughout the world, who have listened to his instructions as medical students, will be delighted in obtaining his lectures, now published for the first time in medical classics. No teacher occupying the prominent position he has for so long a period, and possessed of such personal magnetism, can have failed to make a lasting impression on medical practice; and when one sits down to read he is forcibly reminded of the days when he sat on the benches.

The present volume contains the substance of his lectures on "Diseases of the Heart," . . . . "together with reports of cases collected from the literature of the subject, and from personal observation," and, taken as a whole, forms an acceptable book which can be studied with pleasure and profit. The subjects discussed are too numerous to be noticed in these pages, but the instructions are timely and appropriate; and besides, we may note that the author has been unusually industrious in the collection of cases to illustrate and support his views. Those who purchase the book will probably be influenced largely by the fact that it presents Dr. Clark's individuality, and they will not be disappointed.

Lesions of the Vagina and Pelvic Floor; with Special Reference to Uterine and Vaginal Prolapse. By. B. E. HADRA, M.D., Austin, Texas. With eighty-three illustrations. Cloth, 12mo., pp. 329. Philadelphia: Records, McMullin & Co., Limited, 1888. Price, $1.75.

While the series of papers which make up the bulk of this volume was running through the Medical Register, the writer became very much interested in the subject-matter; and now that it has been put in compact form, he feels gratified that he is the possessor of a copy. Dr. Hadra is an investigator, and has evidently spared no time or expense to make his manual a complete one. Over one hundred authors are referred to in the text, and by means of an appendix the information has been brought down to the latest moment. Its value is greatly enhanced by a copious index, embracing nearly eight pages; and to workers in this department it cannot prove otherwise than a time- and labor-saving investment. For Dr. Hadra's work we have nothing but words of praise.

Theine in the Treatment of Neuralgia: being a Physiological Contribution to the Therapeutics of Pain. By THOMAS J. MAYS, M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic, etc. Half-cloth antique, 12mo., pp. 84. Philadelphia: P. Blakiston, Son & Co., 1888. Price, 50 cents.

At odd intervals, as the old ladies take their tea, we have perused Dr. Mays' little brochure, and, although we do not take much stock in tea personally, some new and valuable lessons have been learned by its study. Our author had the misfortune in his earlier investigations to get things a little mixed, as he found that the chemists supplied him with theine, caffeine, and guaranine all from the same receptacle, the preparation being labeled to suit the demands of the purchaser. That difficulty, however, was soon overcome, his experiments repeated, and all his work revised, so that now we have the thing in a nutshell.

From a study of the cases presented there is no doubt "that its function is solely that of pain-relieving," the observations of our author being confirmed by numerous observers. He says,

however, that in cases of obstinate and protracted pain its use should be supplemented by the exhibition of remedies calculated to improve the nutritive state of the affected nerves, two formulæ being added in a note, which are recommended for the purpose. Of course, the critic is always expected to find fault, with or without cause; but these are regular shot-gun prescriptions, and ought to have died a natural death ten years ago. With this exception we are free to say that Dr. Mays has made out a good case for the hypodermatic use of theine. The mechanical execution is substantial and attractive, worthy in every way of both author and subject, and alike creditable to the publishers.

A Practical Treatise on Diseases of the Skin. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia, Physician to the Philadelphia Hospital for Diseases of the Skin, etc. With colored plates and other illustrations. Cloth, 8vo., pp. 633. New York: D. Appleton & Co., 1888.

In the preface of Professor Shoemaker's text-book on skin diseases no excuse is offered for adding another to the many works in this department; but, on the contrary, our author advances several reasons for its existence, amongst which may be mentioned the following: (1) Conciseness, with but little reference to the extensive literature on the various subjects; (2) the omission of many cumbrous and technical words and phrases, substituting in their stead expressions well understood and fully conveying their meaning; (3) the relative effects and values of remedies as the result of original investigation; (4) that the work has been written from the stand-point of an active general practitioner, inclusive of special opportunities for investigation and study. The foregoing reasons having been stated, it remains for the reviewer to say how well the task has been accomplished, and to what extent the work may be accepted as a guide in the way of treatment.

A careful inspection of Part I, embracing about ninety pages under the head of general considerations, and devoted to the study of the anatomy, physiology, symptomatology, diagnosis, pathology, etiology, treatment, and prognosis, fully sustains the promises held out. But the extremely practical character of this portion of the work should not be passed over without some reference to its probable influence when placed in the hands of the general practitioner. Our author for many years having combined this specialty with general work, appears to have caught the inspiration which teaches the mutual inter-relations between diseased conditions of the body and morbid processes affecting the skin, the result presenting a most complete and harmonious exposition. We have here a study which can be understood and appreciated by the merest tyro in the profession, and one, too, which will not fall short of the demands of many who have been long years in the harness. Novel methods of treatment and new remedies introduced, coupled with careful observation, aggressive methods pursued and positive assertions as regards therapeutical indications, will prove of vital interest to the specialist. Frequent references are made to other authorities, and to the published writings of the author, but without burden to the text, all going to show the work to have been a growth, presenting the matured deliberations of an enthusiastic observer.

Passing now to Part II, we find the classification adopted is a modification of that of Hebra, as it is the most commonly accepted system now in vogue. The various affections are taken up separately, and treated of in a thoroughly scientific manner, as the method adopted is the perfection of system. In the matter of treatment, the instructions are very complete, although, of course, individual physicians will have their own pet theories in regard to particular diseases. For instance, the reviewer would have been glad to have had the use of calcium sulphide in furuncle, carbuncle, and anthrax brought more prominently forward,—a remedy which has been highly recommended by Ringer, and which has done good service in the hands of the writer. Our author appears to be a firm believer in the "suboxidation theory," as indicated by the frequency with which potassium chlorate is recommended,—an item which has been gathered from the perusal of the work, and may not be lost sight of on the part of the profession, as it is an indication of no small importance.

Our author has placed all mankind under obligations by his investigations concerning rectal alimentation and medication. It will have a tendency to stop the flood, metaphorically speaking, which is constantly flowing into the nation's stomach. Thousands of well-bred people would long consider and hesitate before putting into their rectum medicine (?) which is now liberally poured down their gullet without let or hindrance.

The space given to the different affections is very fairly apportioned. Syphilis has thirty-four pages; leprosy, eleven; parasites, animal and vegetable, fifty; medicated plasters, six. Fifty pages are taken in the back part of the book for formulæ. The colored illustrations have been prepared from life, and are of a very high order,—a compliment alike to author and publishers. The entire work is an excellent specimen of book-making. A complete and comprehensive index has been prepared by Dr. Dunglison, so that reference to its pages is made with pleasure and satisfaction. The writer is of opinion that the work will supply a demand which has been felt, and that it will meet with marked favor from the profession.

J. A.

WAKEFUL TOO LATE.—*Higgins*—They say that since Gagley failed he's been troubled dreadfully by insomnia.

Wiggins—Just like him. He never was wide awake at the right time.—*Life.*

HE MISSED THE MARK.—Young physician (to patient)—What you need is exercise, sir. You should walk more. Patient (reaching for his pocketbook)—How much, young man? I walked all last night with the baby.